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Reviewer’s code: 00289471

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Medical Assistant

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: Singapore

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Reviewer chosen by: Jia-Qi Zhu

Reviewer accepted review: 2022-03-18 12:35

Reviewer performed review: 2022-03-20 17:21

Review time: 2 Days and 4 Hours

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<th>Scientific quality</th>
<th>Grade A: Excellent</th>
<th>Grade B: Very good</th>
<th>Grade C: Good</th>
<th>Grade D: Fair</th>
<th>Grade E: Do not publish</th>
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<td>Grade B: Minor language polishing</td>
<td>Grade C: A great deal of language polishing</td>
<td>Grade D: Rejection</td>
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<td>Conclusion</td>
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<td>Accept (General priority)</td>
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SPECIFIC COMMENTS TO AUTHORS
The proposed modified score is interesting and probably of good clinical value. Here are some remarks: 1. In the abstract it is stated that PI is a pathognomonic radiologic sign of bowel ischemia, this not true, like the authors say immediately after. 2. I guess that pneumoperitoneum is a sign of abdominal pathology, so point the first criterium for modification of the score is not respected in this case. 3. Table 1: imaging studies did not not rule out perforation. 4. Table 1: there were dysphagia at the onset of symptomatology. 5. Table 1: PI is observed in a wide range of situation, mat also be idiopathic, it is very difficult to rule out alternative causes. 6. There is no reference for table 1 in the text. 7. Pneumoperitoneum is underestimated, probably the authors refers it to PI, in this case there should be a minimal discussion about it. 8. There are small writing errors (some spaces are missing between words).