

Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_92749
Title of the Manuscript:	Midgut volvulus with intestinal malrotation in an adult: a case report
Type of the Article	Case study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>The text is generally clear and follows a logical order. Nevertheless I believe that the case presented by the authors is of limited interest, as it is not as rare an entity as reported by the authors.</p> <p>It is not acceptable to use references from 1939 (1) when there are actual references. The percentages referred to by the authors are not entirely accurate, nor do I agree in many cases. I recommend reading these references to the authors and updating the introduction at the expense of updated information.</p> <p>Emil S. Chapter 28: Malrotation and midgut volvulus. In: Emil S, editor. Clinical pediatric surgery. Wolters Kluwer; 2019. p. 274–80.</p> <p>Pursley D, Hansen AR, Puder M. Chapter 7.4: Obstruction. In: Hansen AR, Puder M, editors. Manual of neonatal surgical intensive care. 3rd edition. Shelton, CT: People's Medical Publishing House; 2016. p. 291–312.</p> <p>Bonasso PC, Dassinger S, Smith SD. Chapter 31: Malrotation. In: Holcomb GW, Murphy JP, St Peter SD, editors. Ashcraft's pediatric surgery. Elsevier; 2019. p. 507–16</p> <p>“Malrotation causes clinical symptoms in 1 in 5000 to 6000 live births” this is a misconception of the authors. 1 in 5000 to 6000 live births is an estimate of incidence.</p> <p>The text needs an overall revision of the English (i.e: Taken to Ladd's for the operation - meaningless). (i.e: . William Ladd's Ladd technique, launched in 1936). Surgical techniques are not launched, are either conceptualized or developed, but not launched.</p> <p>Figures need editing. Regarding the first one, there is a red arrow that the authors do not clarify: whenever a marking structure is used, it should be expressed in the figure legend. Figure 2 is moved, and personally I do not find it illustrative: the transverse colon seems to be seen at the top, and a slender handle is intuited below, but it is not a clear image. Neither the gallbladder nor the hepatic parenchyma can be seen. I suggest changing the figure to another one and nominating it appropriately with arrows.</p> <p>Discussion: “he entire small bowel is on the right due to non-rotation, whereas the colon is on the left.”</p> <p>“In recent years, early discharge and oral intake have made laparoscopic Ladd operations safe” This is a misconception. Minimally invasive Ladd's surgery has led to early discharge and early resumption of oral tolerance, but it does not mean that these two elements are the basis of safe surgery.</p> <p>If the authors state that the ethics committee approved this project, they must provide the code of approval for this project.</p>	
Minor REVISION comments	<p>Abstract: Rare is slang. Use infrequent Extremely is not very objective. Avoid it. CECT should be changed for CT (the authors use CT later in the main text, also) The abstract does not include the patient's evolution, which is one of the main relevant</p>	

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	aspects of this report. I would suggest to change lady for woman or female patient "The abdomen was somewhat enlarged but not sensitive on physical examination" This is not well expressed. The authors should say that he presented moderate distension but no abdominal guarding or peritoneal irritation.	
Optional/General comments	When authors present a case, they should strive to present it clearly, with up-to-date and verified references and in good English.	

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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