

## Review Form 1.7

Journal Name:	<a href="#">Asian Journal of Case Reports in Surgery</a>
Manuscript Number:	Ms_AJCRS_104137
Title of the Manuscript:	AN UNCOMMON PRESENTATION OF AXIAL TORSION WITH ISCHEMIC PERFORATION OF MECKEL'S DIVERTICULUM
Type of the Article	Case report

### **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:

(<https://www.journalajcrs.com/index.php/AJCRS/editorial-policy> )

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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)
<p><b>Compulsory</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</li> <li>2. <b>Is the title of the article suitable?</b> (If not please suggest an alternative title)</li> <li>3. <b>Is the abstract of the article comprehensive?</b></li> <li>4. <b>Are subsections and structure of the manuscript appropriate?</b></li> <li>5. <b>Do you think the manuscript is scientifically correct?</b></li> <li>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></li> </ol> <p><b>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</b></p>	<ol style="list-style-type: none"> <li>1. <b>Certainly. It reviews a topic that is sometimes forgotten and causes surgical emergencies.</b></li> <li>2. <b>Yes.</b></li> <li>3. <b>Yes</b></li> <li>4. <b>Yes</b></li> <li>5. <b>Yes</b></li> <li>6. <b>Yes</b></li> </ol>	
<p><b>Minor</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is language/English quality of the article suitable for scholarly communications?</b></li> </ol>	<p>Yes</p>	
<p><b>Optional/General</b> comments</p>	<p>I suggest changing the following terms: to facilitate understanding, I suggest changing the terms in yellow to the terms in green.</p> <ol style="list-style-type: none"> <li>1) ABSTRACT           <ol style="list-style-type: none"> <li>A) CASE SUMMARY: . An emergency laparotomy was performed and there was axial torsion of the MD with purulent peritonitis. CHANGE FOR An emergency laparotomy was performed and the intraoperative diagnosis was axial torsion of the MD with purulent peritonitis.</li> <li>B) DISCUSSION:               <p>The diagnosis is usually made intraoperatively as the current imaging modalities are still yet to be reliable in diagnosing such condition. CHANGE FOR The diagnosis is usually made intraoperatively, even with the modern diagnostic methods currently available.</p> <p>Factors associated with higher risk of complications include patient with age of less than 50 years , CHANGE FOR at extremes of age or immunosuppressed.</p> </li> </ol> </li> <li>2) INTRODUCTION           <p>-early 19<sup>th</sup> century CHANGE FOR year 1809.</p> <p>-The mesodiverticular band connecting to the umbilical ligament used to function as the developmental viteline arteries. (4) MD is usually found on the anti-mesenteric border of ileum, with 90% locating within 90cm of the CHANGE FOR in 90% of cases located up to 90 cm from the ileocaecal valve.</p> </li> </ol>	

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	<p>-Axial torsion with gangrenous Meckel's diverticulum is <b>an uncommon</b> CHANGE FOR <b>rare</b> complication AND DELETE <b>with several cases reported in the past.</b></p> <p>3) DISCUSSION</p> <p>The commonest presentation with such condition is always abdominal pain with preoperative diagnosis including appendicitis, small bowel obstruction, cholecystitis or diverticulitis. (11) In addition, the mobility and variation of MD has made radiological imaging <b>less helpful in determining the diagnosis</b> CHANGE FOR <b>diagnosis very difficult.</b></p> <p>In this case, our patient was a young <b>gentleman</b> CHANGE FOR <b>man</b> who presented with an acute abdomen that required surgical intervention and his MD was more than 2cm with a narrow base and with presence of mesodiverticular band.</p> <p>4)CONCLUSION</p> <p><b>The current imaging modalities are not reliable to detect this uncommon condition and most diagnoses were made intraoperatively .</b> CHANGE FOR <b>Even with modern imaging techniques, this uncommon condition has most diagnoses made intraoperatively.</b></p>	
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**PART 2:**

	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(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)</i>
<b>Are there ethical issues in this manuscript?</b>	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

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