

Review Form 1.7

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_96636
Title of the Manuscript:	Laparoscopic Deloyers procedure for rare Synchronous Colon Cancer
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>Compulsory REVISION comments</p> <p>1. Is the manuscript important for scientific community? (Please write few sentences on this manuscript)</p> <p>2. Is the title of the article suitable? (If not please suggest an alternative title)</p> <p>3. Is the abstract of the article comprehensive?</p> <p>4. Are subsections and structure of the manuscript appropriate?</p> <p>5. Do you think the manuscript is scientifically correct?</p> <p>6. Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</p> <p>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>	<p>Dear Editor,</p> <p>The manuscript "Laparoscopic Deloyers procedure for rare Synchronous Colon Cancer" describes a technique also known as "intestinal derotation", in which ascending colon is transposed in pelvis by a counter clockwise manoeuvre. This case report is well illustrated both in terms of description and images. I have few questions for the authors:</p> <ul style="list-style-type: none"> - In "presentation do case" the PET CT scan is included amid preoperative radiological evaluations. Do you perform routinely this procedure? If yes, why: if not, please a brief explanation why in this case. - The specimen is retrieved through the ileostomy site. One could presume the fascia is opened wider than the simple ileostomy; do you think this could represent a cause for higher hernia rate or not? In fact, in spite the ileostomy is temporary, when a postoperative chemotherapy is required, six or more months could spend. So, the spasmodic search for zero incisions should probably consider this. - veress is better Veress <p>Finally, Literature reports the Deloyers procedure frequently used as "salvage procedure" and less as a usual procedure in case of SRC to perform a tension free colorectal anastomosis. Secondly, even if these patients are not Familiar Poliposis or Lynch related, remains mandatory to keep in mind that they have a higher risk of a new colon cancer compared to colon cancer patients not SRC, especially if young and or with along life expectation. So, Deloyers is a reliable procedure in all SRC cases like this case report? In this way I would recommend the authors a short explain over the above mentioned concerns. Anyway, the case remains interesting and could represent a scientific/cultural enrichment for the reader.</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>		
<p>Optional/General comments</p>		

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)
<p>Are there ethical issues in this manuscript?</p>	<p><i>(If yes, Kindly please write down the ethical issues here in details)</i></p>	

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