

Review Form 1.7

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_99342
Title of the Manuscript:	Cystic intestinal pneumatosis simulating hollow organ perforation peritonitis: 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:

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

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. (Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>	<p>The case points out how pneumatosis cystoides intestinalis can mislead a surgeon to perform an unnecessary operation Thus it is interesting The title is suitable Of course the term pneumatosis cystoides intestinalis is more suitable The abstract should be better balanced offering more details about the case and provide a minimum of general information always connected with the case The authors should explain how they led to decide performing an operation as the patient had no clinical signs to support presence of acute abdomen In the discussion they can provide more information about pneumatosis cystoides intestinalis but mainly they should connect them with the case presented. Could stress from intracranial bleeding be important How they explain leukocytosis? Why CT scan was misinterpreted? Had the patient COPD or was there any other cause of pneumatosis cystoides intestinalis? The authors should point out how they had misled to perform an unnecessary operation Zhang, Qiuyu, et al Pneumatosis cystoides intestinalis. A case report, Medicine 2022;101(3):p e28588 Sakurai Y, et al. Pneumatosis cystoides intestinalis associated with massive free air mimicking perforated diffuse peritonitis WJ Gastroenterol 2008;14(43): 6753–6756 Santos MD, et al. Pneumatosis cystoides intestinalis – an incidental finding with unpredictable evolution J Coloproctology 2020;40(1):94-97 Any abbreviation in the text should be explained in its first appearance</p>	
<p>Minor REVISION comments</p> <p>1. Is language/English quality of the article suitable for scholarly communications?</p>	<p>Also the authors should avoid expressions as pauci symptomatic or scythe like hematoma A case with minimal symptomatology or sickle like hematoma are more appropriate Terms out of the box should be avoided</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>(If yes, Kindly please write down the ethical issues here in details) The authors should explain why they performed an operation without signs of an acute abdomen Were high WBC, CRP and possible peritonitis stated by the CT diagnosis that led them? What were patient's comorbidities? The patient had no abdominal complaints!</p>	

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