## Review Form 3

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| Journal Name: | **Asian Journal of Case Reports in Surgery** |
| Manuscript Number: | **Ms_AJCRS_128410** |
| Title of the Manuscript: | **Small bowel volvulus complicating a huge mesenteric cystic lymphangioma in a 3-year-old child** |
| Type of the Article | **Case report** |

**General guidelines for the 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 guidelines for the Peer Review process, reviewers are requested to visit this link:

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## Review Form 3

**PART 1: Comments**

| | **Reviewer's comment** | **Author's Feedback** *(Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
|---|---|---|
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | Mesenteric cystic lymphangioma (MCL) is an extremely rare entity and may remain asymptomatic. At times, it may present as ascites or occasionally, as an abdominal mass. Its presentation as volvulus is still rare and therefore the case report is interesting. | |
| **Is the title of the article suitable?**<br>**(If not please suggest an alternative title)** | Yes | |
| **Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.** | Authors should mention what they did as the procedure and what was the outcome? | |
| **Is the manuscript scientifically, correct? Please write here.** | 1. Authors have used the word 'digestive suffering' while describing the CT scan.....I am not sure what that means.<br>2. CT scan shows a huge cystic mass which could be anything like mesenteric cyst, omental cyst, cytic teratoma. It is difficult to be too specific on a CT scan to label it as cystic lymphangioma. Latter can be a differential diagnosis.<br>3. Authors mention division of Ladd's bands in the procedure. Latter are a classical feature of malrotation. It therefore becomes debatable if the volvulus was an aftermath of malrotation itself and MCL was an incidental finding.<br>4. They have not mentioned detailed operative findings as to the condition of the bowel, exact location of MCL (distance from DJ or IC junction), degree of volvulus, extent of gangrene if present, why they had to resect the bowel, how much bowel did they resect, etc.<br>5. What is two portal bowels? | |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | Too many references for a case report | |
| **Is the language/English quality of the article suitable for scholarly communications?** | Should be improved | |
| **Optional/General** comments | Authors' presentation and case building seems contradicting. Seeing the clinical picture, it seems that this could be the secondary effect of malrotation itself, esp with intermittent volvulus. In the abstract, they mention the duration of illness as 24 hours while in case history later, it is revealed that patient was having symptoms for couple of months. Presence of Ladd's bands confirms the diagnosis of malrotattion which was substantiated later by CT scan of the abdomen. In fact, malrotation and subsequent volvulus can be confidently diagnosed with USG alone. Volvulus is an emergency and every minute is valuable to save every inch of bowel. Even x-ray abdomen showed a ground glass appearance. This, combined with a good USG, in the presence of a long history of recurrent abdominal pain and vomiting, itself strongly suggests volvulus. Doing a CT scan in such a scenario seems counterproductive.<br>Thus, the case presentation is not coherent and scientifically unsound. | |

**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?** | *(If yes, Kindly please write down the ethical issues here in details)* | |

**Reviewer Details:**



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|---|---|
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