



SDI Review Form 1.6

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_53849
Title of the Manuscript:	ILEO-COLO-RECTAL INTUSSUSCEPTION SECONDARY OF CAECAL LIPOMA SIMULATING STRANGULATED RECTAL PROLAPSUS
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:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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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 purpose of this paper appears to depict a rare case of an ileo-colo-rectal intussusception attributed to cecal lipoma and presented in the form of a strangulated rectal prolapse.</p> <p>The manuscript is well organized, it has a central theme and provides to the readership of the journal a rare surgical entity.</p> <p>However, there are some crucial points that should be discussed in the manuscript:</p> <ol style="list-style-type: none"> 1 As an introduction, intussusception is one of the less common causes of intestinal obstruction among adults. It is usually covert (concealed) in its clinical presentation. The ileo-colic type with accompanying anal protrusion is extremely rare. 2 The authors should refer to the categories of intussusception that have been recognized (entero-enteric etc). 3 Please differentiate between cases of intussusceptions in children and adults (clinical image-pathophysiology-etiology) 4 Please provide more details about the case presentation (medical history, associated symptoms) 5 Amoebic dysentery is thus a top differential diagnosis in this patient. In chronic amoebic infestation with a resultant amoebic granuloma, intussusception may result as well. Was this diagnosis excluded? 6 Please refer to the embryological basis of intussusceptions. Following normal embryonic zygo-sis, ascending and descending colons are firmly held in position (retroperitoneal) and would not allow for a relatively smooth invagination of an intususceptum all the way from the terminal ileum to the rectum and out. Colonic laxity may enable this phenomenon, being attributed to the loss of <i>zygo-sis</i> during the embryological period, in which there is persistence of the ascending and descending mesocolons and lack of apposition to the retroperitoneum. 7 Please discuss more the pathophysiology of intussusceptions. Luminal and vascular obstruction, a vicious cycle will be offset etc. 8 Please discuss the pathology results of the resected colon specimen. 9 Please emphasize the lessons that we draw from the clinical features which generally give a mixed picture. 10 Please refer to CT findings of intussusception as a "sausage-shaped" mass and as a "target" mass. What was exactly the case depicted ? 	



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	<p>11 Please discuss surgical treatment and surgical complications of intussusception</p> <p>12 Please check references to comply with journal policies as they are not in the same style.</p> <p>13 Please check that there are some typos throughout the manuscript.</p> <p>14 Linguistic errors have been found and there are issues regarding language editing</p>	
Minor REVISION comments		
Optional/General comments	<p>Validity: After reviewing this manuscript, I believe that the concepts and findings of this case report are valid but not novel.</p> <p>Originality: The case presented in this manuscript is original but not so significant.</p> <p>Data and Methodology: The data and methodology of this manuscript are valid and presented in a clear manner.</p> <p>Context: The abstract, introduction and conclusion contain the proper information that will engage the reader and provide insight to the paper as a whole.</p> <p>Scope of Expertise: None of the material presented were out of the scope of my expertise. All were logical and easily understood.</p> <p>Suggested Improvements: <i>Major Revisions</i></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)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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