

Review Form (Research)

Journal Name:	Asian Journal of Case Reports in Surgery
Manuscript Number:	Ms_AJCRS_158656
Title of the Manuscript:	Late-Presenting Congenital Diaphragmatic Hernia in an adolescent with Gastric Volvulus and Intrathoracic Ectopic Kidney: A Case Report
Type of the Article	Research Article

PART 1 (Importance of the manuscript)

	Comments of the Reviewers	Author’s Feedback
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.	This manuscript enriches the scientific community by reporting the involvement of the pancreas as the contents of a diaphragmatic hernia, which is extremely rare, and its complication in acute pancreatitis is even rarer. The coincidence between pancreatitis and gastric volvulus is very interesting and should be noted by all practitioners. It perfectly illustrates the polymorphism of late-onset presentations of diaphragmatic hernia, which is very useful for guiding practitioners toward this pathology in the presence of any atypical digestive symptom.	

PART 2.1 (Objective Evaluation)

	Rating of the Reviewers	Author’s Feedback
1. Is the title clear and appropriate for the study? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	2	I have worked on the title to include pancreatitis in it and make it a little concise: Congenital diaphragmatic hernia in an adolescent presenting with gastric volvulus and pancreatitis: A Case Report
2. Is the abstract of the article comprehensive? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	3	—
3. Are the keywords appropriate and useful? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	4	—
4. Is the background information of the paper sufficient and well organized? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	2	
5. Are the research objectives/hypotheses clearly stated? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	NA	—
6. Is the literature review relevant and up to date? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	4	—
7. Is the research methodology appropriate for the study? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	5	—
8. Were ethical issues properly addressed (if applicable)? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	NA	—
9. Are the results presented clearly? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	NA	—
10. Are tables and figures clear, relevant, and necessary? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	2	
11. Does the discussion relate findings to existing literature? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	4	—
12. Are the conclusions supported by the data? Rating Scale:	5	

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13. Are the limitations of the study discussed? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	NA	—
14. Are the references relevant and sufficient (in number)? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	5	—
15. Is the manuscript written in clear and understandable language? Rating Scale: 5 = Excellent 4 = Good 3 = Satisfactory 2 = Needs Improvement 1 = Poor N/A = Not Applicable	4	—

PART 2.2 (Subjective Evaluation)

	Reviewer's comment	Author's Feedback (It is mandatory that authors should write his/her feedback here.)
Is the title of the article suitable? If your answer is NO, please provide a brief, clear suggestion for improvement.	No It should emphasise pancreatic involvement rather than renal involvement, which remains usual. Then, can we say 'intrathoracic renal ectopia' when the contents of a congenital diaphragmatic hernia are represented by the kidney? In that case, and based on the same principle, why not also say splenic ectopia???	Yes, pancreas involvement (especially pancreatitis) is the highlight of the case. I have shortened the title and included pancreatitis in it: Congenital diaphragmatic hernia in an adolescent presenting with gastric volvulus and pancreatitis: A Case Report
Is the abstract of the article comprehensive? If your answer is NO, please provide a brief, clear suggestion for improvement.	YES	—
Is the manuscript scientifically correct? If your answer is NO, please provide a brief, clear suggestion for improvement .	<p>*I think the clinical examination cannot be normal, as mentioned in the patient's observation, given that the volume of the herniated viscera was so large that their reduction by laparoscopy was impossible, and conversion to open surgery was decided upon, as the author mentions. Therefore, this should logically be accompanied by an abnormally flat abdomen, not a normal examination, since many organs were intrathoracic: stomach, spleen, pancreas, jejunum, and colon.</p> <p>* Much information is missing regarding the intraoperative appearance of the stomach, which is essential: there was or there was not a volvulus.</p> <p>The type of incision chosen during the conversion to open surgery;</p> <p>and the explanation for the bilateral pneumothorax observed on imaging.</p> <p>*Please provide additional intraoperative photographs showing the stomach, its volvulus, and the pancreas.</p>	<p>Yes, the abdomen did appear mildly scaphoid and flat. However, this finding was not very clearly appreciable on clinical examination due to the lean and thin build of the patient. We have added that the abdomen was soft and mildly scaphoid on examination in the manuscript.</p> <p>Intraoperatively, stomach was found to be distended and an organoaxial gastric volvulus was found (but it was viable). Detorsion was done and stomach was reduced back into the abdominal cavity. We have added this in the manuscript.</p> <p>A left subcostal incision with cranial extension was used to allow adequate exposure (added to the manuscript).</p> <p>A mild pneumothorax was seen on CECT, but the patient remained asymptomatic clinically (no respiratory distress or shortness of breath) and hence was managed conservatively. We have added this point in the manuscript.</p> <p>Unfortunately, we do not have additional intraoperative images demonstrating the gastric volvulus and pancreas. We have included an intraoperative image showing the ectopic kidney following reduction into the abdominal cavity, and a supplementary video with some of the reduced herniated contents.</p>
Are the references sufficient and recent? (YES or NO) If your answer is NO, please provide clear suggestion for improvement.	YES	—

Are there ethical issues in this manuscript? (YES or NO)	NO	
(If yes, kindly please write down the ethical issues here in details)		—