



SDI Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_38463
Title of the Manuscript:	Acute intussusception ileo-ileal in adult 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:

(<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	No	
Minor REVISION comments	<p>abstract</p> <p>- Abstract is deficient. You cannot write only half of the story. The reviewer suggests adding CT result, operative finding and pathology. This gives the reader full picture of the case after reading the title and abstract.</p> <p>- The reviewer noticed expressions that are not used in published articles in the west. The reviewer suggests corrections to help readers all over the world to understand the work. occlusive syndrome, does it mean intestinal obstruction? the condition is kept, what does it mean? sensitive to the left flank, does it mean tenderness in the left flank?</p> <p>- The authors wrote: Stopping materials and gas. Correct into stopping passage of gas and stool</p> <p>Introduction Intussusception is more common in the pediatric population than in adults. and It is an epiphenomenon revealing in 85% of cases a particular tumor organic lesion. Write the references</p> <p>The observation The observation, correct title into Case Report</p> <p>admitted in emergency !! - The onset of symptoms was ten day hospitalization!! There is a controversy??</p> <p>appearance of moderate abdominal pain with bilious vomiting. Needs correction. Intestinal obstruction presents with abdominal colic not pain</p> <p>Taking symptomatic treatment no improvement, the pain becomes intense Correct into the pain becomes intense in spite of taking symptomatic treatment</p> <p>Figure 1 please add plain x-ray erect and supine</p> <p>Ultrasound diagnosis of intussusception poses highlighting the typical appearance of the pudding as an image "roundel" or "target signs" in cross section and image "sandwich" in longitudinal section which are characteristic images in intussusception(Fig 2). and in the transverse plane showed the "sandwich" appearance » Correct into Ultrasonography of abdomen showed target signs in cross section and sandwich sign in longitudinal section which are characteristic of intussusception (Fig 2).</p> <p>ileal tumor located correct into ileal mass located.</p> <p>Histopathological examination of the tumor: remove it. Do not make a title inside the case report</p> <p>The tumor was a homogeneous solid mass, measuring 5 × 5 × 4.5 cm., and was well</p>	



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	<p>circumscribed (fig.5,6).with exophytic growth into intestinal lumen.</p> <p>Remove and add it in the previous paragraph The intussusception was due to an ileal homogeneous well circumscribed solid mass with exophytic growth into intestinal lumen (fig.5,6). The mas was measuring 5 × 5 × 4.5 cm and located 70 cm from Bauhin's valve. Intussusception was reduced and a segmental small bowel resection was performed.</p> <p>Histological study confirmed the benign nature of the tumor evoking an aspect in favor of an inflammatory pseudotumor of the small intestine. Write the type of cells.? E.g spindled stromal cells, mixed inflammatory cells Did you perform Immunohistochemical test ? Ask a pathologist to re-write or review this paragraph</p> <p>Add images of pathology slides. They make the case report more powerful</p> <p>Discussion References are lacking in discussion. Add references to added information</p> <p>The last paragraph dealing with inflammatory pseudotumor, which is the diagnosis of the case, is deficient.</p> <p>The reviewer suggest the following article to help authors in re writing the case report: Yung-Sung Yeh et al. Inflammatory Myofibroblastic Tumor of the Ileum Causing an Unusual Ileocecal Intussusception. Fooyin J Health Sci 2010;2(1):36–39</p>	
Optional/General comments	<p>Interesting case Poor presentation Poor images It requires correction by expert in English language. <u>Very important</u></p>	

Reviewer Details:

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