Reviewer's report

Title: Microscopic features of small bowel mucosa of patients with Crohn’s disease

Version: 1 Date: 29 Oct 2019

Reviewer: HJ Van Kruiningen

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In their response to me the authors say that detailed morphologic description of granulomatous lymphangitis "have not been well illustrated yet". This statement is simply false, as the papers by Sura and me well illustrate the granulomatous lymphangitis. Furthermore the idea that "histologic characteristics of Crohn's disease are non-specific characteristics", expressed in the paper, is also false. Pathologists all over the world recognize that non-tb granulomas plus obstructed lymphatics equals Crohn's disease. Analyzing 19 other microscopic findings doesn't make better diagnosis. Counting all these fine points and then subjecting them to statistical analysis doesn't improve our understanding. It represents trivial pursuits, i.e., not important for any pathologist to know or care about. I presume the authors aim is to have pathologists check each of 21 boxes, and then achieve a meaningful score, for example 7 or 8 rather than 3 or 4; some cut-off point. That's absurd; a pathologist will have to interpret granulomas and lymphatic obstruction, plus edema and fibrosis. These are qualitative decisions, not quantitative. I appreciate that the authors agree with our works showing that granulomatous obstruction of lymphatics, elephantiasis, is the basic lesion in Crohn's disease, but all these other counted elements detract from the message. I suggest that the authors select 4 or 5 morphologic features that have real meaning and rewrite the paper; less is more!

Throughout the paper the authors speak of "on" the mucosa, when they mean "in" the mucosa. And they have not given adequate recognition that CD is not a mucosal disease, but rather submucosal and muscular. 68% of granulomas are not in the mucosa. Perhaps they can take some of their findings here and compare them to findings in resection specimens. To say that "A dense network of lymphocytes, histiocytes, and macrophages" causes obstruction is incorrect. The granuloma arises from damaged endothelium and fills or partly fills the lymphatic lumen. Lymphocytes there and in other lymphatics are passive, being caught upstream of the granuloma. Rather than speak of compacted macrophages, simply call them granulomas. It appears there were two forms of granulomatous lymphangitis, not many as inferred in the paper: obstructed and partially obstructed.

The photos are too numerous, made from sections that were too thick and most are out of focus. The white backgrounds are not white. Some if the images are too dark and all are not clear.
Are the methods appropriate and well described?  
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?  
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?  
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No

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Not relevant to this manuscript

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