

## ANSWERING REVIEWERS



March 11, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 16646-review.doc).

**Title:** Endoanal ultrasonography in fecal incontinence: current and future perspectives.

**Author:** Andreia Albuquerque

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 16646

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers

Reviewer #00503857 stated that "This manuscript discusses the usefulness of endoanal ultrasonography in evaluating sphincter injury in patients with fecal incontinence. The topic is clinically important and the manuscript is nicely written. This article can be published in WJGE".

ANSWER TO THE REVIEWER: the author thanks the reviewer for the comment.

Reviewer #00073423 stated that "Quite comprehensive and informative review. Nevertheless the question remains if this is an appropriate topic for the World Journal of Gastrointestinal Endoscopy. The presented review is the topic of clinical radiology and the paper has nothing to do with endoscopy?"

ANSWER TO THE REVIEWER: fecal incontinence is a prevalent disease with significant health costs. Endoanal ultrasound is a fundamental technique to study patients with fecal incontinence and in many countries, is been performed by gastroenterologists and/or surgeons. Even for those gastroenterologists not directly performing this technique, this editorial can help improve the knowledge in this field, helping to know when to refer patients, how to interpret the results, the future perspectives, limitations.

Reviewer # 00183658 stated that:

" 1.This procedure needed experienced physicians and special equipment. It could not apply in the community hospitals".

ANSWER TO THE REVIEWER: many of the patients with fecal incontinence come from the primary care setting, and are then referred for evaluation with endoanal ultrasound in a Tertiary care setting. Doctors in community hospital although not routinely performing this technique, frequently refer patients to it and so, is important to know the principles and advantages of performing it.

"2. Unfortunately, the authors did not show the cost-effectiveness of the study".

ANSWER TO THE REVIEWERS: because this is an Editorial, the notion of "cost-effectiveness of the study" can not really apply here.

"3.The clinical application of the study is very important. The authors should recommend the readers to apply this knowledge into the routine clinical practice".

ANSWER TO THE REVIEWER: as suggested by the reviewer, in the conclusion is stated that "FI is a serious clinical and social problem, frequently under-reported, and clinicians need to be more alert to it in the routine clinical practice. EAUS is a fundamental tool when assessing these patients".

Reviewer # 00503824 comment that:

-“How does endoanal ultrasound fit in with other tests for evaluating faecal incontinence such as anorectal manometry and the finger squeeze test? The authors mention these techniques in passing but it would be useful to expand on where endoanal ultrasound fits in? Following on from this theme, it would be useful for the author to suggest an algorithm for the evaluation of faecal incontinence?”

ANSWER TO THE REVIEWER: the role of manometry and digital anorectal examination in fecal incontinence and the relation with endoanal ultrasound was described in more detail as suggested and three more references were added. A suggestion for the evaluation of patients with fecal incontinence was also added including all the described techniques.

-“It would be helpful to have relevant images illustrating the technique and the ultrasound appearances”.

ANSWER TO THE REVIEWER: images illustrating the technique and ultrasound appearance were added as suggested.

-“It is not clear how endoanal ultrasound helps with the type of management. The author mention that it helps but more detail about the management options would be useful?”

ANSWER TO THE REVIEWER: a more detail description of importance of endoanal ultrasound in the management of patients with fecal incontinence and the management after obstetric anal sphincter injury was also added.

-“A comment about training in endoanal ultrasound would be helpful. Does the author think that endoscopic ultrasound practitioners should have the required skills to quickly pick up this skill?”

ANSWER TO THE REVIEWER: a comment concerning the importance in training of endoanal ultrasound for all enrolled in this technique and also for those performing endoscopic ultrasound was added as suggested.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,



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