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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 58519

Title: Modified procedure for prolapse and hemorrhoids: lower recurrence, higher satisfaction

Reviewer's code: 00058102
Position: Editorial Board
Academic degree: MD

Professional title: Assistant Professor, Attending Doctor

Reviewer's Country/Territory: Argentina

Author's Country/Territory: China

Manuscript submission date: 2020-07-29

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-08-31 12:39

Reviewer performed review: 2020-08-31 14:55

Review time: 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

MM: purse string is said to be done 0.5 to 10 cm above the dentate line. I think you ment 1 cm and not 10. Correct? the other is said to be done 0.5 cm away from the first. Please indicate wheter is distal (internal) or proximal (external) to the first purse string. Results: Mean follow up is 5 +- 0.5 years, but the range informed is 4-5 years. There has to be some mistake since some patients according to the mean follow up hace longer follow-up times than what is expressed in the range. Postoperative pain: please clarify what SNK is for. Discussion Please comment why the patients have such long admission times.

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 58519

Title: Modified procedure for prolapse and hemorrhoids: lower recurrence, higher satisfaction

Reviewer's code: 04028454
Position: Editorial Board
Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2020-07-29

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-08-25 10:55

Reviewer performed review: 2020-09-08 15:50

Review time: 14 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
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SPECIFIC COMMENTS TO AUTHORS

1. In introduction, I would question the statement, "The prevalence of hemorrhoids is reported to be between 40% and 80%". Are these symptomatic hemorrhoids? People who seek medical attention? Seems like a high number to quote given the range in the literature. 2. In introduction, I think some editing is needed for, "Hemorrhoids with grades Ⅰ/Ⅱ are mainly treated conservatively, while grade Ⅲ/Ⅳ hemorrhoids require selective treatment based on the individual's symptoms and complications. Surgery is the treatment of choice if there is active bleeding or persistent prolapse of the hemorrhoids. There are currently many types of surgical treatments for hemorrhoids, with traditional hemorrhoid operations consisting of Milligan–Morgan[4] or Ferguson procedures, rubber-band ligation, and diathermy hemorrhoidectomy[5]. What is meant by "selective" treatment? Surgery is the treatment "of choice" only if failing less aggressive treatments. RBL is not a "surgical treatment". What is exactly the difference between diathermy hemorrhoidectomy compared to MMH? 3. At end of introduction, "The aim was to determine which was the superior procedure based on therapeutic efficacy and patient satisfaction." This statement doesn't add anything. Either remove it or be more specific with aims. 4. Under Materials and Methods, Patient population section: I think we need to know the number and % of patients who had prior hemorrhoid surgery? Also, how was the decision made to do one procedure vs another? Do different surgeons favor different procedures? Maybe show which surgeons did what type of procedure (number and %) and did this change over the 2 years of your study? If one surgeon only does one type and another surgeon favors another type, is difference partially due to the surgeon and not the technique? 5. Under Surgery section: I see you are quoting the original Longo paper, "For original PPH, purse-string sutures were applied 4 cm from the dentate line". Have other authors recommended different heights or variations of heights depending on

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the patient (i.e., male vs female, length of anal canal) and the disease (grade 3 vs 4)? I have done many PPHs over the past 20 years. My goal has usually been to place the staple line about 1 - 2 cm above the dentate line, to achieve goals as you describe. 6. Under Recurrence of prolapse hemorrhoids: I would appreciate clarification as to what defined recurrence? Symptoms detected by phone call or office visit? Need for further therapy? Need for another procedure? Need for further surgery? At what time period did people tend to fail? 7. Under discussion, this sentence is too simplified: "However, PPH is associated with high postoperative recurrence and serious long-term postsurgical complications". All types of hemorrhoidectomy are associated with a similar level of recurrence and complications (as your data shows). Using "high" and "serious" to describe PPH vs MMH complications is not accurate. 8. It might be helpful to have a cartoon or diagram showing the difference between PPH and M-PPH. 9. Under Discussion: This sentence should be modified or removed, "We showed that the M-PPH is superior to traditional surgery for severe hemorrhoids (stage III/IV), resulting in a low rate of anastomotic bleeding and recurrence, and a very high rate of patient satisfaction." You have not showed it is superior, you have showed there are some pros and cons depending on what you are talking about. 10. Under Discussion: you attribute longer hospital stay to increased postop pain in M-PPH group. I believe you are talking about more of visceral pain with PPH vs more of somatic pain with M-PPH due to involvement of anal mucosa. Despite this, your VAS (I presume 0-10) shows a difference of pain scores on POD 5 of 2 for MMH, 1 for PPH and 1 for M-PPH. This does not seem to explain LOS differences on post-operative days 6, 7, and 8. Also, statistical difference is not the same as clinical difference. Is there a clinical difference between VAS score of 1 vs 2? This should be addressed. 11. Under Discussion: remove the sentence "This is probably the most logical reason for the significant reduction in bleeding. " 12. Under Discussion: this is not a conclusion, but a theory: " With the anastomosis scarring, the anal cushions near the

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dentate line are turned inward and are better fixed. The double purse-string sutures also allow for more tissue traction towards the rectum, with more effective lifting by the anal cushions." Should be stated as such. 13. Under Discussion: What is a "skin marking"? 14. Under Discussion, I believe this is an incorrect sentence: "Anal incontinence is a latent complication of all hemorrhoidectomies." It is a possible complication, not a "complication of all hemorrhoidectomies" 15. Under Discussion: You should provide more data for this statement: "No serious postoperative anal incontinence was observed in our study. Patients only exhibited decreased control of gas and fluids, and the frequency and severity of this complication improved with time and early postoperative training of the levator ani muscle" 16. Did you look at amount of muscle in specimens? % of specimens with muscle? This might be important to comment on as you are doing a lower excision, and if muscle is involved, it will be internal anal sphincter and not simply circular muscle of the distal rectum. 17. I think this paragraph and data in table 4 should be removed or explored and explained in more detail. Your table shows patients with more complications were more often "satisfied". 18. "In summary, this study found that, within the follow-up period of 5 years, M-PPH has many advantages, including a higher effectiveness… " this wording needs to be more specific. 19. "We therefore conclude that M-PPH is a better choice for treatment of severe hemorrhoids." Might want to change this sentence to be more specific for which patients, or remove it. 20. Reference 26 is a duplicate reference 21. What is your definition of postop anastomotic bleeding in this study? Patient report? % or absolute drop in hemoglobin? Need for transfusion? Return to OR? Readmit? 22. Similarly, what is your definition of anal incontinence in this study?