

Dear Editor-in-Chief

We would like to thank you and the reviewers for taking out precious time to review the manuscript and suggesting excellent recommendations. The implementation of these recommendations has markedly enhanced the quality of the manuscript tremendously.

We have revised the manuscript as per the suggestions of the esteemed reviewers. However, if there are some shortcomings or there are any further new suggestions, kindly do let us know. We would be extremely glad to carry out the changes.

The changes have been highlighted in yellow colour in the revised manuscript and have been included here as well in the response to the questions.

Thanking you once again

Pankaj Garg

Corresponding Author, on behalf of all authors

Reviewer's comments

Reviewer #1:

• The article leaves the reader with the impression that intestinal bypass applied to patients with a variety of diseases of the perineal area (including Crohn's disease) helps only a minority of patients. This assumption is based on some publications e.g. Clin Colon Rectal Surg. 2019;32:273-279. doi: 10.1055/s-0039-1683916. PMID: 31275074; PMCID: PMC6606320 stating that "...the primary indication for ostomy formation is severe perianal fistulizing disease. However, while 64% of patients have an early clinical response after diversion for refractory perianal CD, restoration of bowel continuity is attempted in only 35% of patients, and is successful in only 17%...". • On the contrary there are also data supporting the view that the treatment of these conditions could considerably improve the quality of life of patients (Dis Colon Rectum. 2007;50:2067-74. doi: 10.1007/s10350-007-9006-5. PMID: 17680311). • It should be emphasized that treatment of perianal disease especially in patients with Crohn's disease should be a task of a multidisciplinary team using conservative and surgical methods. Surg Clin North Am. 2019;99:1151-1162. doi: 10.1016/j.suc.2019.08.012. PMID: 31676054. ("...Medical treatment remains the mainstay of perianal disease management for CD; however, aggressive surgical management should be considered for severe or recurrent disease. In all cases of perianal CD, medical and surgical treatments should be used in tandem by a multidisciplinary team..."). • I think this impression that the authors make in order to support the method they describe needs to be reconsidered.

Ans: We would like to thank the reviewer for highlighting this point. It is pertinent to put across a balanced picture in any scientific article. Therefore, the points raised have been implemented as suggested and have added immense value to the manuscript.

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On the other hand, there are studies which demonstrated that the quality of life seemed similar or potentially superior in diverted patients suffering from Crohn's perianal fistulas compared with patients in whom the diversion was not done^[17]. A diverting stoma, therefore, has the potential to improve quality of life in patients, especially with severe perianal Crohn's disease^[17]. Though the medical treatment remains the mainstay of perianal Crohn's fistulizing disease, aggressive surgical management should be considered only for severe or recurrent disease^[18]. Therefore, in patients with perianal Crohn's disease, both medical and surgical treatments should be used judiciously and the disease be managed by a multidisciplinary team^[18].

• Please mention in these cases the role of Seton application either alone or in combination with other methods including the LOOP method (Nottingham JM, Rentea RM. Anal Fistulotomy. 2021 Jan 19. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. PMID: 32310458).

Ans: This is also a very useful point which was not mentioned in the previous draft. This has now been mentioned on **Page-6**

One of the methods already in vogue is loose (draining) seton insertion. In patients of complex fistulas with large deep abscesses or severe sepsis, seton insertion can lead to adequate drainage and resolution of sepsis. Along with this, it can also prevent recurrence of abscess over extended periods of time. Therefore, in highly complex cryptoglandular fistulas and patients with severe fistulizing Crohn's disease, a draining seton can help prevent the need of fecal diversion in many cases^[19]. However, there would be cases with severe disease in whom the passage of fecal matter through the anus and contact of fecal matter with the fistula keeps

worsening the disease process. In these patients, another novel method can be helpful in many, if not all patients, to prevent fecal diversion.

• **Are there published data on the proposed method? If yes please mention the relevant results.**

Ans: This manuscript has been submitted as an Opinion Review in which an idea has been discussed. Though LOOP concept has been tried with success and tolerated comfortably in other benign anorectal conditions, it has not been tried in the indication in discussion (avoiding fecal diversion in severe and highly complex anal fistulas).

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LOOP was initially developed to provide relief by a non-surgical method in anorectal conditions which get aggravated by passage of stool. These include intractable bleeding from hemorrhoids in patients on anti-coagulants that cannot be withheld^[20], acute refractory anal fissure^[21], acute painful thrombosed hemorrhoids^[21] etc. LOOP was found to be highly successful in these patients and, barring a few, it was comfortably tolerated.

The application of the LOOP protocol can be logically extended to patients requiring fecal diversion as the endpoint of both temporary fecal diversion and LOOP is the same- fecal matter should not come in contact with perianal tissues.

Reviewer #2:

Thank you for the great opportunity of the review. If the loop replaces the fecal diversion, you need to present that data.

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Company editor-in-chief:

I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, the author(s) must add a table/figure to the manuscript.

Ans: We would like to thank you profusely for provisionally accepting the manuscript. A table has been added as suggested.