

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68095

Title: Fecal diversion in complex anal fistulas: Is there a way to avoid it?

Reviewer's code: 05068237

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: India

Manuscript submission date: 2021-05-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-11 15:03

Reviewer performed review: 2021-05-19 14:13

Review time: 7 Days and 23 Hours

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 Grade E: Do not publish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

SPECIFIC COMMENTS TO AUTHORS

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

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 68095

Title: Fecal diversion in complex anal fistulas: Is there a way to avoid it?

Reviewer's code: 02941507

Position: Editorial Board

Academic degree: FACC, FEBG, MD, PhD

Professional title: Associate Professor, Staff Physician

Reviewer's Country/Territory: Greece

Author's Country/Territory: India

Manuscript submission date: 2021-05-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-12 15:09

Reviewer performed review: 2021-05-22 07:02

Review time: 9 Days and 15 Hours

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

SPECIFIC COMMENTS TO AUTHORS

• 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.

• 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).

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