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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74420

Title: Comparison between recent sphincter-sparing procedures for complex anal fistulas-Ligation of Intersphincteric tract vs. Transanal Opening of Intersphincteric Space

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00042390

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Guatemala

Author's Country/Territory: India

Manuscript submission date: 2021-12-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-05 14:54

Reviewer performed review: 2022-01-05 21:55

Review time: 7 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is an excellent guide for understanding both procedures. Usually there are not comparing procedure papers so easy to understand but this one does. Even though you mention other sphincter preserving procedures It would be very interesting to compare these 2 procedures to FLAP procedures, since these 2 procedures are less comlicated than Flaps, but you can get nearly same sucess rates than LIFT and TROPIS. Also the other new methods you mentioned are quite expensive and for developing countries TROPIS seems to fit quite well for Universal treatment. I liked the way you oriented the paper since fistula is one of the most challenging diseases for the Colorectal surgeon due to preservation of continence and even though I do not have much experience with TROPIS I do believe is the road to follow for its simplicity and very good succesful rates. The only ortographic mistake I found was in page 5, in the last lane: you missed the I in LIFT and you wrote LFT. You may correct it. Congratulations.

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Reviewer's code: 03249854
Position: Editorial Board
Academic degree: FASCRS, MD
Professional title: Chief Doctor, Director, Professor, Surgeon
Reviewer's Country/Territory: China
Author's Country/Territory: India

Manuscript submission date: 2021-12-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-05 04:49

Reviewer performed review: 2022-01-08 15:01

Review time: 3 Days and 10 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] 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) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The author of the article has strong personal biases. ①In the article, the author overemphasized the difficulty and the indications of the LIFT procedure. Usually, dissected the fistula in the intersphincteric space along the medial edge of the external sphincter, you usually do not enter the submucosal space or the anal canal. ②On the other hand, TROPIS procedure is easy to learn and reproduce. However, based on my experience, the proposed success rate and the continence of anal sphincter after postoperative are questionable. ③The disadvantage of TROPIS is partially internal sphincter should be divided, and lead to some deterioration in continence. Except for two small sample reports from China, the cases reported in refs. 30 and 31 were reported by the author, and the author should clarify whether the 408 patients in the ref. 31 included 325 patients in ref. 30. On the other hand, the author emphasized that patients routinely recommend Kegel exercises after TROPIS procedure could prevent incontinence，this explanation is too reluctant. ④The author overemphasized that the TROPIS procedure completely removed the infected anal gland tissue between the sphincter, the relatively short incision resulted in poor drainage and prolonged healing time. In fact, the LIFT procedure separated and ligated the fistula between the intersphincteric space also has completely removed the infected anal gland.