



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 83587

Title: Current diagnostic tools and treatment modalities for rectal prolapse

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 06010157

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer’s Country/Territory: Iran

Author’s Country/Territory: Turkey

Manuscript submission date: 2023-01-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-02-15 15:26

Reviewer performed review: 2023-02-15 15:49

Review time: 1 Hour

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input checked="" type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input 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

there is not any new or interesting content (conclusion), as you said there is controversies in diagnosis and treatment of rectal prolaps...and..you repeated these controversies again...



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Reviewer’s code: 03805385

Position: Peer Reviewer

Academic degree: FASCRS, MD, PhD

Professional title: Assistant Professor, Attending Doctor, Doctor, Medical Assistant, Postdoctoral Fellow, Research Associate, Senior Research Fellow, Surgeon

Reviewer’s Country/Territory: Brazil

Author’s Country/Territory: Turkey

Manuscript submission date: 2023-01-31

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-02-17 16:13

Reviewer performed review: 2023-02-17 16:28

Review time: 1 Hour

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
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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 so much for the opportunity to review this paper: Current diagnostic tools and treatment modalities for rectal prolapse. I have some comments: 1. This is not an original paper or study, it is a well written review of the literature, about the diagnostic and treatment options for rectal prolapse. No hypotheses or experiment were approach in the paper. 2. It is a good review, but with nothing different, we know the rectal prolapse does not have a gold standart for treatment. 3. In the title the authors should be add: a narrative review, or a systematic review. 4. Abstract and key Words reflect the focus of the manuscript 5. Methods: the manuscript does not describe the type of methodology that was used in the review. 6 Results and Discussion were mixed in the analysis, it seems like a book chapter. 7 References. Appropriately cite the latest, important and authoritative references. 8. No ethical problems



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Reviewer's code: 03727205

Position: Peer Reviewer

Academic degree: FACS, MBBS, MCh, MS

Professional title: Associate Professor

Reviewer's Country/Territory: India

Author's Country/Territory: Turkey

Manuscript submission date: 2023-01-31

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-02-17 09:38

Reviewer performed review: 2023-02-25 18:53

Review time: 8 Days and 9 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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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

I have read the article on current diagnostic tools and treatment of rectal prolapse by Orcu et al. with great interest. I am attaching my comments below-

1. Abdominal versus perineal approach- Reference no 51 Quoted study is a low powered study. Only 27.27% patients with perineal procedure responded to follow-up calls. Also the age has not been matched in the abdominal and perineal approach groups. The perineal procedure was done more in the old age group. Thus, drawing conclusion based only on this study is not adequate. Findings of RCT or meta-analysis on this topic should be included, such as that of PROSPER trial (2013) and the Cochrane review (2008).
2. Perineal approaches- 'Perineal approaches are contraindicated for patients who have undergone prior rectopexy' - Author should give reference for this statement
3. Stapled transanal rectal resection- please mention specific indications and contraindications of this procedure
4. ASCRS guidelines- Abdominal procedures are procedure of choice for patients who are fit to withstand surgery without concern for age - This should be added in the abdominal approaches section
- 5) Recent advances in rectal prolapse management (NOTES- by A. Chandra et al.) should be also be included.
- 4) Novelty in



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the paper is lacking as similar reviews on rectal prolapse are available in plenty. Minor suggestions- - Fecal incontinence generally develops late in the clinical course rectal prolapse. (please add 'of') - Paragraph before conclusion- Ventral Rectopexy (do not use capital letters)



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: FASCRS, MD, PhD

Professional title: Assistant Professor, Attending Doctor, Doctor, Medical Assistant, Postdoctoral Fellow, Research Associate, Senior Research Fellow, Surgeon

Reviewer’s Country/Territory: Brazil

Author’s Country/Territory: Turkey

Manuscript submission date: 2023-01-31

Reviewer chosen by: Yu-Jie Ma

Reviewer accepted review: 2023-04-03 15:57

Reviewer performed review: 2023-04-03 16:01

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you so much for the opportunity to review this paper. I have no more comments. I'm happy with the answers