

Reviewer NO. 3529793: The paper offers an interesting comparison of the diagnostic yield of 2D-EAUS vs 3D-EAUS for perianal fistulas. The gold standard in the present study are intraoperative findings, although other groups think that MRI can demonstrate perianal fistulas missed by the surgeon. Unfortunately a comparison with MRI is not available, nor a post-surgical follow-up. The Authors are aware of these and other limitations and this is discussed.

Authors: Thank you for the comments. Some groups do consider MRI or, as we do, endoanal ultrasound (see discussion) as the gold standard for the diagnosis of perianal fistulas as opposed to physical examination under anesthesia. The study would certainly be very interesting if complemented with MRI.

Reviewer NO. 3253021: In my opinion this manuscript provides an interesting piece of information, treated with great honesty by someone with great experience in the field.

1. References are a bit outdated.
2. References 17, 20, 23 and 24 are repeated
3. Methods are not clearly exposed in the abstract.
4. Could the differences observed have any impact in the choice of the surgical technique? In other words, can the increases increase of the accuracy benefit these patients?
5. A comment about the automated computer analysis of the 3D images could be interesting

Authors:

1. The references have been updated but we have not found newer or better papers in the literature.
2. This has been corrected throughout the manuscript and in the reference section.

3. This was a misunderstanding on our behalf and has been corrected to make the methods clearer and adjusted to the journal's guidelines.
4. We believe that patients could benefit from more objectively quantifying sphincter involvement and therefore indicating the most appropriate technique as discussed in the manuscript. This is an observational study, therefore the indications for surgery have not been modified, but as a result of our findings we now perform 3D-EAUS on our patients to help indicate the most appropriate technique.
5. This automated reconstruction of the images reduces human error as the ultrasound probe does not need to be moved throughout the examination and can be subsequently saved allowing post examination analysis of the 3D- EAUS scan in coronal, sagittal or axial planes as deemed necessary. This has been taken into account and added to the methods section.

Editor:

1. Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).

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2. Name of Journal, ESPS Manuscript NO and Manuscript Type.

3. Please revise and perfect your manuscript according to peer-reviewers' comments.

4. Abbreviations and acronyms are often defined the first time they are used within the main text and then used throughout the remainder of the manuscript. Please consider adhering to this convention. Search all abbreviations in your manuscript and do like this when they were used firstly.

5. Abstract. Methods: no less than 80 words.

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7. Please finish them: *Background, Research frontiers, Innovations and breakthrough, Applications, Terminology and Peer-review*.

8. Please provide the decomposable figure of Figures, whose parts are movable and can be edited. So please put the original picture as word or ppt so that we can edit them easily.

Authors:

1. Dr. Stephanie Anne García-Botello, author of the manuscript, is a British native english speaker and has reviewed the manuscript.
2. The text has been corrected.
3. The manuscript has been revised according to the peer-reviewers' comments.
4. This has been corrected.
5. This has been amended.
6. All requested documents are attached.
7. Add at the end of the text.
8. These have been provided.