



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 69618

Title: Risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions

Reviewer's code: 06110611

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

Manuscript submission date: 2021-07-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-25 23:52

Reviewer performed review: 2021-08-08 15:31

Review time: 13 Days and 15 Hours

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 Grade E: Do not publish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 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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The incidence of retrorectal lesions is low, and no consensus has been reached regarding the surgical approach. Treatment of retrorectal lesions is usually surgical. It was proposed that the surgical approach should be determined based on the anatomical relationship between the tumor and the S3 vertebra level. Specifically, tumors under the S3 level should be accessed via the transsacral approach and those above the S3 level via the abdominal approach. In this study, the authors reviewed the medical records of 62 patients who underwent laparoscopic excision of retrorectal cystic lesions at our hospital and is the largest single-center report to date. And the risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions were investigated. The manuscript is very well written, and the results are very interesting. A minor revision is required. Comments: 1. There are some minor language polishing, which should be revised. 2. The results are very display and discussed. However, the references should be checked and updated. 3. Tables should be checked and edited.



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 69618

Title: Risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions

Reviewer's code: 06110609

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Germany

Author's Country/Territory: China

Manuscript submission date: 2021-07-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-07-25 23:51

Reviewer performed review: 2021-08-08 15:33

Review time: 13 Days and 15 Hours

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 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 checked="" type="checkbox"/> Accept (High priority) <input 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



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SPECIFIC COMMENTS TO AUTHORS

This is a very interesting study of risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions. The study is very well designed. The methods are described in detail and the results are very interesting. After a minor editing, this manuscript can be accepted for publication.



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 69618

Title: Risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions

Reviewer's code: 05219083

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Professor, Surgeon

Reviewer's Country/Territory: Mexico

Author's Country/Territory: China

Manuscript submission date: 2021-07-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-08 19:26

Reviewer performed review: 2021-08-13 20:19

Review time: 5 Days

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
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 checked="" 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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

Reviewer comments, observations and suggestions. Criteria Checklist for New Manuscript Peer-Review

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? ANSWER: Not. Because the authors did not take into consideration the comorbidities that some patients may present in addition to being overweight or obese, such as type 2 diabetes mellitus, systemic arterial hypertension, etc. and that they are important risk factors.

2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? ANSWER: No. A short paragraph on the background is missing. And delete from AIM: "This study analyzed the clinical records of patients who underwent excision of retrorectal cystic lesions at our hospital." The authors in Method state that they compared and it is not a comparative study. In the Results section, the variables that correlate with complications and what those complications were should be clearly summarized. The conclusion also does not reflect the variables that were risk factors with complications. The authors use the acronym S3, without clarifying what it means 3rd sacral vertebra.

3 Key words. Do the key words reflect the focus of the manuscript? ANSWER: Yes.

4 Background. Does the manuscript adequately describe the background, present status and significance of the study? ANSWER: No. Authors should include a history of publications on risk factors. And I suggest deleting the following from the last paragraph: "This study reviewed the medical records of 62 patients who underwent laparoscopic excision of retrorectal cystic lesions at our hospital and is the largest single-center report to date."

5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? ANSWER: No. The authors did not consider including other comorbidities, in addition to overweight and obesity, in the risk factor analysis. They also did not establish an adequate identification of the complications that the



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patients presented. 6 Results. Are the research objectives achieved by the experiments used in this study? ANSWER: No. The authors identified the number of complications and used the Clavien and Dindo Classification, but did not mention what those complications were. I consider it essential that the authors explicitly mention what complications their patients presented. What are the contributions that the study has made for research progress in this field? ANSWER: Until the authors make improvements to their manuscript, we can consider whether their research offers any progress. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? ANSWER: No. It is suggested that the authors omit subtitles from the Discussion section: Clinical characteristics, Imaging, Laparoscopic Approach, Combined approach, etc, etc. In the Discussion they repeat several of their results unnecessarily, and also in an important approach their discussion is not a discussion, since their results do not compare them with any previous publication. Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? ANSWER: No. Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? ANSWER: No. 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? ANSWER: No. The authors present 3 tables. Its titles and the first column use the term indexes. I think they should change at the end of: variables. Also in the first column that would be "variables", all the units of these are written in parentheses for example (years). The title of Figure 1. I suggest the authors change to: Important steps in the laparoscopic excision technique of retrorectal lesions. Figure 1. indications and technical skills for laparoscopic excision of retrorectal cystic lesions. In the parts of the figure a, b, c and d. Delete the word Figure. Just write for example: A. Protection of the hypogastric plexus. and so the other parts of figure 1. Do figures require labeling with



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arrows, asterisks etc., better legends? ANSWER: In figure 1, signs with arrows or asterisks are needed to better understand what the authors want to show in the photographs. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Answer: Yes. 10 Units. Does the manuscript meet the requirements of use of SI units? Answer: Yes. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Answer: In the introduction yes, but in the discussion no discussion points (comparison) with previous publications are established. Does the author self-cite, omit, incorrectly cite and/or over-cite references? ANSWER: No. The references are missing the PMID data and all the references are missing the acronym: "DOI" 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? ANSWER: No. Consider the comments and suggestions mentioned above. Is the style, language and grammar accurate and appropriate? ANSWER: Yes. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? ANSWER: Yes. But incomplete, in relation to previous comments. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? ANSWER: Yes.

Manuscript Peer-Review Specific Comments



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To Authors:* Please make your specific comments/suggestions to authors based on the above-listed criteria checklist for new manuscript peer-review and the below-listed criteria for comments on writing. The criteria for writing comments include the following three features: First, what are the original findings of this manuscript? ANSWER: None. What are the new hypotheses that this study proposed? ANSWER: It does not apply as it is a retrospective study. What are the new phenomena that were found through experiments in this study? ANSWER: It does not apply as it is a retrospective study. What are the hypotheses that were confirmed through experiments in this study? ANSWER: It does not apply as it is a retrospective study. Second, what are the quality and importance of this manuscript? ANSWER: It is only probably the case series with the largest number of patients with this pathology. What are the new findings of this study? ANSWER: Improvements must be made to the manuscript to provide an answer to this question. What are the new concepts that this study proposes? ANSWER: None. What are the new methods that this study proposed? ANSWER: In future research, larger multi-center, prospective studies can be used to better evaluate the use of laparoscopy in retrorectal lesions at the S3 level or larger than 10 cm in diameter. Do the conclusions appropriately summarize the data that this study provided? ANSWER: No. It's incomplete. What are the unique insights that this study presented? ANSWER: Demonstrating risk factors for complications. What are the key problems in this field that this study has solved? ANSWER: None. Third, what are the limitations of the study and its findings? ANSWER: The incomplete methodology in relation to risk factors not considered and the failure to explicitly state the complications that they list. What are the future directions of the topic described in this manuscript? ANSWER: That prospective and comparative studies be carried out. What are the questions/issues that remain to be solved? ANSWER: I imply it in the title of the manuscript. What are the questions that this study prompts for the authors to do



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next? ANSWER: Authors should be invited to make improvements to their manuscript for publication. How might this publication impact basic science and/or clinical practice?

ANSWER: By making improvements to the manuscript, it is possible to better correlate the type of complications and the factors analyzed as risk factors.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 69618

Title: Risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions

Reviewer's code: 05219083

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Professor, Surgeon

Reviewer's Country/Territory: Mexico

Author's Country/Territory: China

Manuscript submission date: 2021-07-19

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2021-10-18 19:18

Reviewer performed review: 2021-10-19 23:10

Review time: 1 Day and 3 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
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



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Re-Review. Reviewers' comments and suggestions. Criteria Checklist for New Manuscript Peer-Review. 1 Title. Does the title reflect the main subject/hypothesis of the manuscript? ANSWER: Yes. 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? ANSWER: Yes. 3 Key words. Do the key words reflect the focus of the manuscript? ANSWER: Yes. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? ANSWER: Yes, I only suggest that the authors delete the initial sentence of the 2nd. paragraph, because it is repetitive: "The incidence of retrorectal lesions is low, and" 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? ANSWER: I suggest the authors in the 2nd. Subtitle paragraph: Patient characteristics, do not consider 2 variables as points of comparison, since nowhere in the manuscript are they explicit and by themselves they do not mean anything for this study, being the following: "previous management in other hospitals" and "clinical manifestation". 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? ANSWER: Yes. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? ANSWER: I only suggest that the authors, in relation to references 30 and 31, add their content in the Discussion or delete them from the References. 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? ANSWER: I have several observations and suggestions for the authors. Figure 1: each part of the figure, I suggest to put at the beginning of your



description: "1st:description "1 B:description "1
C:description "1d:description Table 1. I suggest, add: n = 62,
below the title of the table. Surprising the percentage symbol (%) in the data of the
variables: "Type 2 diabetes mellitus" and "Hypertension" Consider deleting from the
table the variables and their data, mentioned above in Method: "previous treatment" and
"Symptomatic" Likewise, edit it better, to compact it so that it preferably occupied a
single page. Table 2. I suggest, add: n = 62, below the title of the table. Delete the
percentage symbol (%) in all data of the variables, since it is repetitive, because above it
is stated that the figures in parentheses are percentages. In the footer of the table, what
the * means in the P values is missing. Likewise, edit it better, to compact it so that it
preferably occupied a single page. Table 3. I suggest that the authors remove the
previously mentioned variable "Pretreatment" from the table. I also suggest editing and
compacting the table, so that it takes up just one page as much as possible. 9
Biostatistics. Does the manuscript meet the requirements of biostatistics? ANSWER: Yes.
10 Units. Does the manuscript meet the requirements of use of SI units? ANSWER: Yes.
11 References. Does the manuscript cite appropriately the latest, important and
authoritative references in the introduction and discussion sections? ANSWER: Yes.
But there are still improvements to be made in the References: Reference 1. Write
correctly, the title of the publication, change to lowercase and uppercase. References 4
and 7 lack [PMID] data. And References 30 and 31, their content must be included in the
Discussion, or the other option is to remove them. Does the author self-cite, omit,
incorrectly cite and/or over-cite references? ANSWER: No. 12 Quality of manuscript
organization and presentation. Is the manuscript well, concisely and coherently
organized and presented? ANSWER: Generally speaking these aspects are fine. Is the
style, language and grammar accurate and appropriate? ANSWER: Yes. 13 Research
methods and reporting. Authors should have prepared their manuscripts according to



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manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? ANSWER: Yes. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? ANSWER: Yes. Specific Comments To Authors: Please make your specific comments/suggestions to authors based on the above-listed criteria checklist for new manuscript peer-review and the below-listed criteria for comments on writing. The criteria for writing comments include the following three features: Specific comments to authors, I have nothing to add other than the comments from my initial review. The Reviewer