Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: The authors report a case with severe stenosis of the sigmoid colon who treated with endoscopic-assisted magnetic compression anastomosis. This is an interesting report; however, it seems to be required some revisions.

Major:

1) Although this procedure is a useful method, it seems that it cannot be performed without creating a colostomy. Endoscopic balloon dilatation and temporary stent placement can be treated without creating a colostomy, so there should be more discussion about their relative merits.

Answer: Thank you for reviewing it. You're absolutely right. The magnet in this case can only be used if there is an ostomy. However, if the patient does not have an ostomy, we can use a deformable self-assembly magnet to complete the anastomosis. Deformable self-assembly magnets are also used in the clinic. 【*Zhang M, He S, Sha H, Xue H, Lv Y, Yan X. A novel self-shaping magnetic compression anastomosis ring for treatment of colonic stenosis. Endoscopy. 2023 Dec;55(S 01):E1132-E1134. doi: 10.1055/a-2183-8942. Epub 2023 Oct 24. PMID: 37875150.*】

Balloon dilation and stent implantation are indeed widely used in clinical practice, and most patients with rectal stenosis have been cured. We cannot deny the clinical value of balloon dilation and stent implantation. However, there are still a small number of patients with poor endoscopic treatment and lifelong indwelling fistula. The advantages of endoscopic therapy are discussed in the manuscript. (Line 144-146)

In this case, the colostomy was not performed for magnetic compression anastomosis, but was performed at a local hospital because of a severe sigmoid obstruction 11 months earlier.

2) The causes of sigmoid colon stricture have not been discussed. It seems that this method is not indicated for all stenoses. Even if the pathological diagnosis has not been obtained, a more detailed description of the clinical diagnosis should be provided.

Answer: The reason for this patient's sigmoid stenosis is considered to be postoperative radiation therapy for cervical cancer. We have added a description of the causes of sigmoid stenosis in the revised draft (Line 168-172). There are limited clinical cases reported on magnetic anastomosis for the treatment of colorectal stenosis, and our team has only implemented more than ten cases. Therefore, we cannot arbitrarily determine the indication of this technology.

3) Would it be highly invasive to remove the stenosis of the sigmoid during surgery for closure of the colostomy?

Answer: Resection of sigmoid stricture and reanastomosis is undoubtedly a highly invasive procedure and should probably be used as a last resort in cases where endoscopic therapy is not effective.

4) It would be better to have a description of what length of stenosis could be an indication in this procedure.

Answer: I agree with you, but due to the limited number of clinical cases, we can not yet give the length of the stenosis that can be performed by this surgery. However, in our experience, it is possible to try this technique with narrow segments no larger than 5cm.

Minor:

1) Is it possible to perform the procedure when the stenosis is severe or complete obstruction that guidewire cannot pass through?

Answer: If the patient has an enterostomy, then severe stenosis or even atresia will not affect the operation.

2) Is there any possibility of restenosis after endoscopic treatment using a magnet?

Answer: According to the prognosis of more than ten patients treated in our clinic, all patients have obtained good long-term results. However, it has also been reported that some patients had stenosis again after magnetic anastomosis. More clinical cases are needed to help us understand this problem.

3) There seems to be a bias in the reference.

Answer： At present, magnetic surgery has received less attention, and the publication of magnetic surgery related articles is also relatively few. Therefore, there will be greater restrictions on literature citations.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: It was a well-written case report with unique approach to the recanalization of colorectal stenosis .I suggest accepting the case report.

Answer: Thank you for your review comments. Thank you for your appreciation of this article, and we hope this article will be published soon.