

## Format for ANSWERING REVIEWERS



10<sup>th</sup> June 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 19313-review.doc).

**Title:** Laying open(deroofing) and curettage under local anesthesia(LOCULA) for Pilonidal disease-An outpatient procedure

**Author:** Pankaj Garg, Mahak Garg, Vikas Gupta, Sudkir kumar Mehta, Paryush Lakhtaria

**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS-Columns scope note-** Prospective study

**ESPS Manuscript NO:** 19313

I, on behalf of all the authors, would like to thank you and the esteemed reviewers for taking out time to read the manuscript and provide invaluable feedback and comments to improve the manuscript.

The recommended changes by the esteemed reviewers have been incorporated in the manuscript to the best of our ability. However, in case any further corrections needed, kindly let us know. We shall be more than glad to comply

The italic portions in the answers have been incorporated in the revised manuscript.

### **Response to Reviewers comments**

**The authors present a study on a modified approach to the surgical treatment of pilonidal disease. Although an interesting and simple surgical procedure with good short-term results there are no information concerning the long-term and this should be the main endpoint of a study on a simplified treatment option for pilonidal disease. No precise informations are provided in this study on important aspects like preoperative status of pilonidal disease (of all 33 patients!), follow up protocoll, follow up time, follow up rate etc**

Ans: We agree with the esteemed reviewer that long term results of this procedure are awaited and would add authenticity to the procedure. We have provided a median follow-up of 21 months. The details of follow up have been included in the manuscript.

*Thirty three (33) consecutive patients were prospectively recruited over a three and a half years period and were followed for a median of 21 months (3 - 43 months). One patient was lost to follow up.*

We thank the esteemed reviewer to highlight this point. The preoperative status of all 33 patients has been included

*The mean age was  $23.4 \pm 5.8$  years and the sex ratio-M/F – 30/3. Eleven were pilonidal abscess and 22 were chronic pilonidal disease. Six had recurrent disease.*

The follow-up protocol has also been included in detail.

### **Follow-up**

*The patient was called to the outpatient on the next (first postoperative) day. The dressing was removed, the wound gently rubbed with a dry gauze and then lightly packed with a povidine iodine soaked gauze. The process was explained to the relative and the latter was made to do the same under our supervision. After this, the patient's relative was instructed to clean the wound twice a day and*

*the patient was encouraged to resume his normal work as soon as possible. The patient was followed up on weekly basis till the wound healed completely.*

*After the wound healed completely, the patient was instructed to keep three centimeters area all around the wound free of hair till he/she reached the age of thirty years. He/she was also advised to put powder in the intergluteal cleft for the same period. (India is a hot and humid country and increased sweating and moistness in the intergluteal region was reported by all our patients. We suspected this to be one of the contributing reason). The patient was told to report back in case of any swelling, pain or pus discharge from the operated area.*

**This study presented an novel procedure to treat simple & complicated Pilonidal disease. The data were full and accurate. But lack of control group made it less convincing.**

Ans: We totally agree with the esteemed reviewer that a control group would have made this study more authentic. We did plan a control group when we started this study. However, because of the distinct advantages of this procedure (possible to do this procedure under local anesthesia, no hospital admission required, resumption of work with in few hours of the procedure, small wound, less cost and little morbidity), almost all the patients intended to undergo this procedure (LOCULA) first. Therefore, we could not work out a control group in the study.

Sincerely

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