Name of Journal: *World Journal of Clinical Cases*

Manuscript NO: 75792

Manuscript Type: ORIGINAL ARTICLE

Thank you very much for your kind e-mail, which gave us offer of publication in *World Journal of Clinical Cases*. We are very interested in publishing our manuscript in *World Journal of Clinical Cases*. We emended the paper according to the reviewers' comments. We hope this revision will make our manuscript better to be accepted in your journal. Each comment has been answered accordingly in the manuscript. We hope that the revised version will fulfill the requirements for publication in the World Journal of Clinical Cases.

Thank you very much.

Reply to editorial comments:

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: The goal of this study was to determine the best way to treat Anal Stenosis, also known as Anal Stricture, for mild and severe conditions, and to determine which procedure should be performed for which condition in order to achieve the best results by observing how the patient reacted to the procedure that was performed. This manuscript is suitable for publication.

Reviewer #2:
Scientific Quality: Grade E (Do not publish)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments to Authors: This is a retrospective article concerning of anal stenosis. The topic is interesting but the authors did not develop the manuscript correctly. Statistical analysis is descriptive and mostly non-existent. No checklists or scores to evaluate the results and compare them with the literature. No objective evaluation of the stenosis The groups are not homogeneous and cannot be compared The literature is out of date The text is written in different fonts Absolutely, no publication priority

Reply to reviewer's comments:

Anal stenosis is a rare consequence of hemorrhoidectomy, and can develop with varying levels of severity. While different approached for the management of this condition (both conservative and surgical) have been studies, it remains unclear which of the two main surgical methods, scar revision surgery or anoplasty, is optimal. Therefore, we performed this study to compare the outcomes of scar revision surgery and double diamond-shaped flap anoplasty in 60 patients with mild, moderate, or severe anal stenosis caused by hemorrhoidectomy.

We found that the mean operative time for scar revision surgery was significantly shorter than that for double diamond shape flap anoplasty (10.14 vs. 21.62 minutes), as was the average of length of hospital stay (2.1 vs. 2.9 days). Most of the patients (75%) reported excellent satisfaction postoperatively; however, two patients in the scar revision group had no improvement in satisfaction owing to recurrence. Based on our findings, scar revision surgery may be preferable for patients with mild anal stenosis when conservative treatment fails, whereas anoplasty can be performed in patients with moderate or severe stenosis given that the cicatrized tissue is too extensive for scar repair to be feasible. We trust that our findings will be of interest to the readers of *World Journal of Clinical Cases*.

This manuscript has not been published or presented elsewhere in part or in entirety and is not under consideration by another journal. The study design was approved by the appropriate ethics review board. We have read and understood your journal's policies, and we believe that neither the manuscript nor the study violates any of these. There are no conflicts of interest to declare.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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