

Dear Editor, Dear reviewers

Thank you for your E-mail dated June 23. We were pleased to know that our work was rated as potentially acceptable for publication in *World Journal of Gastrointestinal Surgery*, subject to adequate revision. We thank the reviewers for the time and effort that they have put into reviewing the previous version of the manuscript. Their suggestions have enabled us to improve our work. Based on the instructions provided in your letter, we uploaded the file of the revised manuscript.

Appended to this letter is our point-by-point response to the comments raised by the reviewers. The comments are reproduced, and our responses are given directly afterward in a different color (red).

We would like also to thank you for allowing us to resubmit a revised copy of the manuscript. And we hope that the revised manuscript is accepted for publication in *World Journal of Gastrointestinal Surgery*

Sincerely,
Yixian Zeng

Reviewer 1#

Authors demonstrated “Minimal Invasive Endoscopic Repair for Rectovaginal Fistula” as review. This is a well written manuscript and provides the important information for the reader of *World Journal of Gastrointestinal Surgery*; however, I would like to suggest some revisions to authors as described below. 1) Tables are uncoordinated and hard to read. Can be integrated Table 1 and Table 2? Moreover, can be integrated Table 3 and Table 4? 2) I think authors had better discuss the indication of endoscopic repair. Should the procedure be indicated only in cases with small fistula or specific etiology? 3) In ref. 48, over-the-scope clip (OTSC) was not adapted for endoscopic treatment. The reported procedure consisted of endoscopic cautery and conventional clip closure. 4) Some spelling mistakes, such as “mental stent” and “patienys” are found. (P7 L16, P7 L18, Figure 2)

Thanks to the reviewer for your affirmation of the significance of this research and give valuable comments.

1) Tables are uncoordinated and hard to read. Can be integrated Table 1 and Table 2? Moreover, can be integrated Table 3 and Table 4?

Thank you for the suggestion on the Tables, we have integrated Table 1, Table 2 and Table 3 into Table 1 (Table 1 Extract data of studies included) and Table 4 become the new Table 2 (Table 2 Details and results of the endoscopic repair approaches for RVF in the articles).

Since Table 3 is the details of fistula type and Table 4 is a description of the details of the endoscopic repair approaches for RVF, we believed that Table 3 should be integrated with Table 1, and Table 2, Table 4 remained unchanged except for title.

2) I think authors had better discuss the indication of endoscopic repair. Should the procedure be indicated only in cases with small fistula or specific etiology?

Thank you for the suggestion on this important part. The indication of endoscopic repair has been discussed, please see the part of discussion, Line19-29, Page11.

We think the indications of endoscopic repair for RVF are not very clear due to the lack of high-quality clinical studies. From a review of the included literature, endoscopic repair for RVF seems to be more commonly used in the treatment of low- and mid-level fistulas, but also in high-level fistulas with small fistula openings, because transabdominal surgery is a relatively invasive approach for small fistulas, endoscopic repair was considered as a viable minimally invasive approach. Moreover, it is not only can be used as a promising option for primary repair of RVF, but also recommended for the recurrent fistulas. Concerning endoscopic repair is performed locally it is not suitable for refractory RVF with over large fistula opening and excessive tissue defects.

3) In ref. 48, over-the-scope clip (OTSC) was not adapted for endoscopic treatment. The reported procedure consisted of endoscopic cautery and conventional clip closure.

Thank you for underlining this deficiency. After we reread the ref. 48 carefully, we agreed that the reported procedure was the through-the-scope clip (TTSC) with electrocautery instead of the over-the-scope clip (OTSC). We have revised parts of the manuscript relevant to this reference.

4) Some spelling mistakes, such as “mental stent” and “patienys” are found. (P7 L16, P7 L18, Figure 2)

The language polish has been done, and the language of the revised manuscript has reached grade A, which can be certified by the English Language Certificate issued by a professional English language editing company.

Reviewer 2#

The manuscript examines the minimal invasive endoscopic repair for rectovaginal fistula. The extensive analysis of the literature allows us to summarize the current status of the art. The work was carried out with methodological rigor.

We thank the reviewer for the very positive comment. We have noticed that the reviewer suggested minor language polishing in terms of language quality. The language polish has been done, and the language of the revised manuscript has reached grade A, which can be certified by the English Language Certificate issued by a professional English language editing company.