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Dear Editor,

Title: Ligation intersphincteric fistula tract and its modification: Results of treatment of complex fistula

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

1. The topic of this paper "Ligation intersphincteric fistula tract (LIFT) and its modification: Results of treatment of complex fistula" does not reflect the actual study.

2. References: citations in the text and the list of the references at the end of the paper should be numbered consecutively in the order they are first mentioned in the text.

   I corrected immediately .

3. Under material and method …… Can you explain in more details on the endoanal ultrasound performed on the patients involved
   i. Type of ultrasound machine and probe used? : Hitachi model EUB 7500 with rectal probe.
   ii. 3D or 2D? : 3D
   iii. Do you use H_2O_2? : Yes , we use Hydrogen peroxide in all cases.
   iv. Who performed the ultrasound? The surgeons themselves or others? : The 1st preoperative ultrasonographic study was performed by colorectal surgeon .

4. Under material and method …… Can you explain why you choose Clinical Continence Grading for the assessment of faecal incontinence preoperative and postoperative?

   Honestly, we combined with Wexner's incontinence score. And we plan to further study with manometry.

5. Under operative technique ……What type of regional anaesthesia given to these patients as a chosen and standard anaesthesia? Any complications arose postoperative such as headache, acute retention of urine?

   Most of patients received regional anesthesia by spinal block with marcaine , and did not occurred urine retention in first 24 hrs postoperative record

6. Under operative technique …….. Do you encounter any difficulty in identifying the tract when methylene blue is used especially when the tract is not well epithelialized?

   Yes. In this study, about recurrence case in cause from failure to ligated .In operative record they showed "difficult to identified tract or small size tract" in failure case.

7. Under operative technique …… What type of skin incision do you do at the intersphincteric groove? It is not stated.

   Yes , first incision was made above intersphincteric groove.

8. Under operative technique ……. Any additional instruments used during dissection of the intersphincteric groove besides scissors and cautery?

   No. Anyway we know about special retractor designed by Dr. Arun Rojanasakul for this operation

9. Under operative technique ……. Were the tracts ligated or transfixed before being divided?

   Yes , ligated before divided

10. Under operative technique ……. What do you do to the wounds in the core-out fistulectomy group? Do you close primarily or leave them open?

    Leave them

11. Under operative technique ……. Any antibiotic given during surgery as prophylaxis? Type of antibiotic?

    Yes , prescribed Metronidazole 400 mg tid oral for 1 week.

12. What type of analgesia and stool softeners given to these patients?

    Analgesia , we prescribed acetaminophen.
    Stool softener , we prescribed Fybogel or Ispaghula husk 1 sachet a day

13. You are not differentiating between persistent wounds/non-healing and recurrences? In this study you classified persistent wounds/non-healings wounds as recurrent wounds?

In this study , we decided to repeat ultrasound if the wound not closed at 4th week or 2nd visit .

14. How sure you are that 3 recurrences in the LIFT group was due to failure of ligation of the intersphincteric fistula tract? If the surgeons involved followed the protocol of the study they should have ligated the correct fistula tracts! Do they miss the secondary tract either during endoanal ultrasound or operation?

    I pretty sure about recurrence case because I sent patients to another surgeon or endoscopist in my institute to performed endorectalultrasonography .

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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