

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22899

Title: PERFECT Procedure to treat Supralevator Fistula-in-ano-A novel single stage sphincter sparing procedure

Reviewer's code: 03256523

Reviewer's country: Turkey

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-01 16:43

Date reviewed: 2015-10-07 16:30

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear author, Thank you for your good work. I have some comments and questions need reply from you; Material methods: Electrocauterization around the internal opening to create a fresh wound, could this cause stool pass through in the widened internal opening and make the fistula more complicated? Do you think closure with suture or stapler after electrocauterization may help early healing? What about the cases with internal opening could not be found or high openings? I would like to ask about curved, long and thin fistula tracts, how do you cure them? Also what about secondary tracts? The transsphincteric (not transassphincteric) supralevator tract was drained and curetted through ischioanal fossa, Why was not through external opening? How much this is safe since a new tract is created and may lead to complications? Emptying regularly of fistula tracts: how many times and frequency you do emptying procedure? You have mentioned that "No povidine iodine, hydrogen peroxide or any liquid was injected in the tract during the cleaning process as this would have prevented the internal opening from closing." However one possible explanation for the persistence of anal fistula is the epithelialization of the fistula tract, which

prevents the fistula from closing. We reasoned, therefore, that ablation of this epithelial tissue using silver nitrate solution (a corrosive chemical agent) would damage the tract and lead to healing with fibrosis and eventually closure of the tract without surgical intervention. That we have showed in our study "Should We Consider Topical Silver Nitrate Irrigation as a Definitive Nonsurgical Treatment for Perianal Fistula?" which was published in Dis Colon Rectum. July 2014 - Volume 57 - Issue 7 - p 882-887. Our study demonstrates that application of silver nitrate often produces a favorable outcome in the treatment of anal fistulas. This procedure is noninvasive, lacks the complications of the conventional treatment modalities, and offers the opportunity for treatment on an outpatient basis. Silver nitrate solution may be considered as a firstline treatment modality of anal fistula. It also is noteworthy that secondary tracts and blind tracts are a main cause of recurrence after treatment of anal fistulas. Therefore another strength of this modality is that because we are using silver nitrate solution, a liquid, it can flow into these secondary tracts, perhaps reducing the rate of recurrence. We have suggested that silver nitrate most likely eradicates anal fistulas via 2 mechanisms. First, it has cauterizing and corrosive properties that may be useful for ablating the granulation and epithelized tissue lining the fistula tract and for inducing healing with scar tissue formation and eventual closure of the fistula tract. Second, silver nitrate has antimicrobial characteristics, which may facilitate the healing of the anal fistula by reducing the microbial load. I recommend you using silver nitrat for irrigation the tract beside the mechanical cleaning with curret which may increase the rates of healing. Best regards: Wafi Attaallah .MD. Assistant Professor; Marmara University School of Medicine, Department of General Surgery, Istanbul, TURKEY

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Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22899

Title: PERFECT Procedure to treat Supralevator Fistula-in-ano-A novel single stage sphincter sparing procedure

Reviewer's code: 03254314

Reviewer's country: Spain

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-01 16:43

Date reviewed: 2015-10-12 05:58

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It is a very interesting study, with an important number of cases but there are some considerations to do: ? You may write PERFECT instead of perfect. ? I don't understand core tip, you ought to remove it. ? You have to write Figure and the number without -. ? References 11-13 in the text are not correctly written, change [11-13] for [11-13] ? I don't understand Figure 3, why you can see stitches in preoperation figure? ? Figures 1 and 6 are the same. You have to remove one of them. ? Figures 5 and 7 are the same. You have to remove one of them.

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Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22899

Title: PERFECT Procedure to treat Supralevator Fistula-in-ano-A novel single stage sphincter sparing procedure

Reviewer's code: 00040529

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-01 16:43

Date reviewed: 2015-10-15 17:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a very nice study on Perfect procedure. I have no specific comments for the authors

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22899

Title: PERFECT Procedure to treat Supralevator Fistula-in-ano-A novel single stage sphincter sparing procedure

Reviewer's code: 00477066

Reviewer's country: United States

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-01 16:43

Date reviewed: 2015-10-15 23:15

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

A new procedure to treat supralevator fistula-in-ano has been analyzed and discussed. Unfortunately the study cannot give any conclusion. The major limitation lies in its study design. A comparative study should be performed to evaluate safety and efficacy of this procedure. Furthermore the rationale of this technique should be better discussed. It appears to be similar to the concept of the VAAFT technique; why should it be more effective than a video-assisted technique?

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Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 22899

Title: PERFECT Procedure to treat Supralevator Fistula-in-ano-A novel single stage sphincter sparing procedure

Reviewer's code: 00180814

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2015-10-01 16:43

Date reviewed: 2015-10-16 23:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This study describes a novel simple method to treat supralevator fistula with satisfactory cure rate of 80% and minimal risk to incontinence. The morbidity was also minimal as there was no cutting of sphincter muscle and the wound was quite small. Perfect procedure allows to treat supralevator fistula without dividing either internal or external anal sphincter. Therefore, the continence scores didn't show any deterioration in any of the patients postoperatively and this procedure aimed to cure supralevator abscess and fistula in a single step. The internal opening is treated by superficial cauterization in the anal canal and seems to be might be a good alternative to other methods of closure like plug, suture, flap, stapler or a clip. The postoperative management was quite significant. It aimed to keep the tracts clean and empty. Any inadequacy in this care was detrimental to the final outcome.