

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Surgical Procedures

**ESPS manuscript NO:** 10235

**Title:** RECENT ADVANCES IN THE MANAGEMENT OF HEMORRHOIDS:

**Reviewer code:** 00040631

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2014-03-21 12:51

**Date reviewed:** 2014-04-04 02:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This is an interesting and well written review on the management of hemorrhoids, which has the merit to conclude suggesting a tailored approach when dealing with this disease. There are several flaws, which needs to be corrected and several quotations which need to be added. **BANDING OF HEMORRHOIDS** The authors may add that pain is more likely to occur in patients with anal spasm or an hypertonic internal anal sphincter and that the success rate is much lower in case of pts with constipation, who are likely to push down the ligated piles when straining at stool (C. Mattana et al, DCR many yrs ago). It might be also added that patients with cardiac diseases and immunodepression need an antibiotic profilaxis prior to RBL, aimed to minimize the risk of septic contamination. The authors also need to mention **LASERTHERAPY** or laser-destruction of the hemorrhoids, they may quote the paper by A. Senagore in DCR, late nineties. About **HAL** or **THD** the authors may add that both proctomucopexy and tag's (or external piles) excision may be associated with Hal or THD, quoting paper by Infantino in CRD, Giordano and Ratto in TCol, with an increase of success rate and a slight increase of complications rate. The authors should quote both the **FARAG** procedure (BJS), i.e. transanal suture of hemorrhoids, and the **REIS NETO** or semiclosed hemorrhoidectomy (TCol) and the **PARKS** submucosal hemorhoidectomy (Roa, TCol). Despite not often performed, these procedures may achieve good results with low complication rate, mild pain and good continence. About **STAPLED HEMORRHOIDOPEXY** the authors should underline severe complications such as pelvic sepsis and rectal perforation. Several cases of death



## BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)

<http://www.wjgnet.com>

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have been reported (Fu Gang DCR), plus recto-vaginal fistulae (Mc Donald CRD), rectal pocket syndrome (Pescatori CRD), inadvertent closure of the rectum (Shorthouse, Tcol), retrorectal hematoma (Naldini CRD 2011) pneumomediastinum (Kanellos, Tcol) all listed in the review by Pescatori and Gagliardi, Tcol 2008, which needs to be quoted. In their three metanalyses, Giordano (Arch Surg), Jayaraman (DCR), Tjandra (DCR) reported higher recurrence rate of PPH compared with manual hemorrhoidectomy. This also should be underlined. Thaha reported postdefecation pain syndrome (BJS). Finally, PPH has been withdrawn by the US market due to high cost and severe complications. The authors are kindly requested to provide details on the cost for each of the so-called innovations, i.e. Ligasure, PPH, HAL-THD etc). REFERENCES there are some misspellings at the end



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8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

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**Name of journal:** World Journal of Surgical Procedures

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**Title:** RECENT ADVANCES IN THE MANAGEMENT OF HEMORRHOIDS:

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

It is a well written narrative review. However, articles regarding the use of the double stapler technique (Colorectal Dis. 2012 Jul;14(7):e386-9.; Int J Colorectal Dis. 2009 Dec;24(12):1383-7.) should be added to complete the review.

## ESPS PEER REVIEW REPORT

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

## COMMENTS TO AUTHORS

The authors have made a considerable effort in compiling and summarizing the literature data on the management of hemorrhoids. All of the major strategies for treatment of hemorrhoids are covered efficiently. The review includes a satisfactory number of articles, and the results are presented in a clear and straightforward way. However, the search strategy used for retrieval of published data is not mentioned. The authors should mention briefly the data bases used for search and any restrictions (date, language, type of content) applied. One of the citations, under the heading: "Diathermy Hemorrhoidectomy (DH)" is inconsistent with the citation format used throughout the manuscript and should be corrected. Except a few minor grammatical errors, the English language used by the authors is appropriate.