

Lian-Sheng Ma

Company Editor-in-Chief

Editorial Office Editors-in-Chief

World Journal of Gastroenterology

Dear Lian-Sheng Ma,

Thank you for your e-mail dated 22 August, 2020 and for the careful review of our manuscript. We have amended the text based on the suggestions of the reviewers and yourself. As requested, we uploaded a rebuttal letter that responds to each point raised by the academic editor and reviewers.

Sincerely yours,

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Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Zobot GP et al., Surgical strategies for perianal Crohn's disease is a review article describing the modern surgical management and the most recent advances in the management of complex perianal fistulizing disease (PFCD). With the advent of biological therapy, especially anti-TNF (infliximab and adalimumab), the approach to these fistulas has undergone changes. This article aims to review the methods currently available for the management of PFCD. Despite the fact that medical treatment is the basis for the treatment of perianal CD, surgical treatment is essential. Before treating the fistula medically or surgically, always a Seton Techniques has to be placed but, there is still no consensus on the best approach and in the presence of serious or recurrent diseases, aggressive surgical treatment should be considered. True, some patients will require a stoma or even proctectomy. The message is clear that in cases of deviation, always consider closure after controlling for proctitis. It is also important to note that perianal CD should be managed by a multidisciplinary team (Gastroenterologists, Colorectal Surgeons, Stoma nurses and Patients).

I really enjoyed reading this well summarized review which is publishable in its current version. However, I recommend to the respectable authors to mention a possibility of restorative proctocolectomy (RPC) with ileal pouch-anal anastomosis (IPAA) technique in some Crohn's colitis (CC) patients who have been shown to benefit greatly from RPC with IPAA as herewith referenced with the 3 citations below.

[PMID: 22467562]. Le Q, Melmed G, Dubinsky M, et al. Surgical outcome of ileal pouch-anal anastomosis when used intentionally for well-defined Crohn's disease. *Inflamm Bowel Dis* 2013;19:30-6.

[PMID: 20047579]. Shen B, Patel S, Lian L. Natural history of Crohn's disease in patients who underwent intentional restorative proctocolectomy with ileal pouch-anal anastomosis. *Aliment Pharmacol Ther* 2010;31:745-53.

[PMID: 22855236]. Li Y, Wu B, Shen B. Diagnosis and differential diagnosis of Crohn's disease of the ileal pouch. *Curr Gastroenterol Rep* 2012;14:406-13.

Response: *We authors appreciate the reviewer's suggestion to mention that, in selected cases, there is place for restorative proctocolectomy with ileal pouch-anal anastomosis*

for patients with severe CD. We accept the reviewer's recommendation and include the citations suggested in the manuscript.

Editorial Office's comments

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

- (1) Science Editor: 1 Scientific quality: This is a minireview of the surgical strategies for perianal Crohn's disease. The topic is within the scope of the WJG.
- (1) Classification: Grade B;
- (2) Summary of the Peer-Review Report: The study describes the modern surgical management and the most recent advances in the management of complex perianal fistulizing disease. However, the reviewer recommends the authors to mention a possibility of restorative RPC with IPAA technique in some Crohn's colitis patients who have been shown to benefit greatly from RPC with IPAA as herewith referenced with the 3 citations below. The questions raised by the reviewers should be answered; and
- (3) Format: There are 7 tables and 1 figure. A total of 59 references are cited, including 24 references published in the last 3 years. There are no self-citations.

Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the Institutional Review Board Approval Form. No academic misconduct was found in the Bing search. The CrossCheck results showed the similarity to be high. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences.

Response: *Regarding the evaluation of plagiarism, some modifications were made: the manuscript underwent detailed editing of phrases similar to those found in other manuscripts already published, and we are also sending the revision certificate as an attachment.*

Issues raised:

- (1) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: As noted in the title, Figure 1 was extracted from Singh S, Ding NS, Mathis KL, Dulai PS, Farrell AM, Pemberton JH, et al. Systematic review with meta-analysis: Faecal diversion for management of perianal Crohn's disease. *Aliment Pharmacol Ther* 2015; **42**: 783-792 [DOI:10.1111/apt.13356] [PMID: 26264359]. We regret to inform that the original image is thus unavailable.

(2) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Response: Bibliographic references have been revised. In addition, we provided the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

Revise the manuscript

Please update your manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision for your specific manuscript type: 'Minireviews'. Please visit <https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples. We only accept the manuscript in Microsoft (MS) Word format (.doc or .docx), and manuscripts in any other formats will be rejected.

Response: We reviewed the manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision for your specific manuscript type: 'Minireviews'.