

18 March 2021

Dear the Editor-in-chief of *World Journal of Gastrointestinal Surgery*

Please find enclosed the edited manuscript (REVIEW) in Word format (file name: **63432-Manuscript File.docx**).

**Title:** Rectovaginal Fistula after Low Anterior Resection: Prevention and Management

**Author:** Varut Lohsiriwat, Romyen Jitmungngan

**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 63432

The manuscript has been improved and edited according to the suggestions of reviewers and editors. Format, references and typesetting were corrected. Any change to the manuscript has been highlighted by using **RED**-colored text.

Reply to reviewer #1:

Your kind comments and suggestions are highly appreciated. Point-to-point reply to your comments is following:

- Based on your first question regarding the conservative treatment of RVF with 70% success rate, we have decided to revise this session because the reference we used (Ref 4: A national survey of ASCRS members published in *Dis Colon Rectum* 1992) did not provide patient's detailed information. The revised sentences are follows: "A large survey of active members of the American Society of Colon and Rectal Surgeons in 1990s identified a total of 57 RVF after low anterior resection and 14 of them were managed conservatively. The spontaneous closure was reported in 10 cases treated non-operatively, thus accounting for 70% success rate."
- Thank to your kind suggestion, we have defined in Figure 2 that small fistula was  $\leq 1$  cm in diameter (based on the literature review of successful conservative treatment). We also noted this finding in the 'conservative treatment' part.
- Per your valuable comment on whether there are any other treatment methods for RVF, we found that stem cell was used for treating Crohn's-related RVF - but no other interventions for RVF after LAR have been recently published in the literature. For potential future research on RVF, we added the following sentence in the 'conservative treatment' part: "There have been phase I-II clinical trials examining the safety and feasibility of adipose-derived or mesenchymal stem cells to treat Crohn's-related RVF but none exists for treating RVF after low anterior resection"

- We do agree with you that patient's age and physical condition play an important role in the decision to manage RVF after low anterior resection. Accordingly, we mentioned these two host factors (as text) in the paragraph of decision-making process.

Reply to reviewer #2:

Your kind suggestions and editing are highly appreciated. Point-to-point reply to your suggestions is following:

- Thank to your valuable suggestion, a table summarizing the major studies utilizing various treatment modalities and the reported outcome has been added. Also, Figure 2 has been revised.
- Thank to your kind advice, language and grammatical errors have been corrected. Your generous revision of our manuscript such as in the 'Core tips' section is highly appreciated.

Reply to the editors:

Your kind comments and editing are highly appreciated. Point-to-point reply to your comments and editing is following:

- As we wrote in the 63432-Approved Grant Application, we declared in the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand 'intellectually' supported us to write this manuscript but there was NO funding source for this review. Therefore, we do not have any copy of grant approval to be submitted alongside with this manuscript.
- 63432-Audio Core Tip was uploaded with the revised manuscript.
- Decomposable figures in a single PowerPoint file were submitted as "63432-Figures.ppt" on the system.
- Decomposable table in a single Word file was submitted as "63432-Tables.docx" on the system.

Thank you very much again for publishing our manuscript in the *World Journal of Gastrointestinal Surgery*.

Sincerely yours,



Varut Lohsiriwat MD PhD  
First author and corresponding author

Department of Surgery, Faculty of Medicine Siriraj Hospital,  
Mahidol University, Bangkok 10700, Thailand  
Phone: +66-2-419-8005  
Fax: +66-2-412-1370

E-mail: [bolloon@hotmail.com](mailto:bolloon@hotmail.com)