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2nd July 2016.

The Editor-in-Chief
World Journal of Gastrointestinal Surgery

Dear Sir/Madam,

AN INCREASING TREND IN RETAINED RECTAL FOREIGN BODIES

We wish to thank the editor and the reviewers for the time devoted to review this paper and their useful comments and suggestions. We would like to resubmit this article to the World Journal of Gastrointestinal Surgery after revising the manuscript as suggested by the editor and the reviewers. The issues raised have been addressed point by point as outlined below and the particular areas of revision duely highlighted in blue in the body of the manuscript.

Response to Editor's Comments

1. The article type has been indicated as 'Case Control Study'
2. The references have been formatted in the manuscript text as suggested.

3. Audio MP3 of the Core tip for the paper has been added in the specification suggested.

4. Comments have been added to the manuscript body.

5. PubMed citation numbers and DOI citations have been added to the reference list. Unfortunately we could not provide the DOI citations for references 9 and 14 because they are not available through the cross reference link.

6. The lists of all the authors have been included in the references.

Response to Reviewer 1

1. Comments about the role of CT scan in retained rectal foreign bodies have been added to the manuscript: Water soluble enema and computerised tomography (CT) scan of abdomen and pelvis are rarely required routinely in the evaluation of retained rectal foreign bodies. However, they are particularly helpful in locating non-radiopaque objects, suspected bowel perforation, abscess collection or in the diagnosis of bowel obstruction. Erect chest radiograph is recommended to exclude rectosigmoid perforation with evidence of gas under the diaphragm. A statement stating that there was no obvious perforation identified in any of the patients has been added to the result section.

2. Peritonitis was excluded in all these patients during the time of examination under anaesthesia and during careful period of clinical observation after foreign body extraction. There was no specific indication for CT scan in the cohort. Patients who presented with anal pain with or without rectal bleeding underwent examination under anaesthesia (EUA) to exclude rectal injury and perforation. There was no clinical or laboratory evidence of raised total white blood cells and C-reactive protein during the period of cautious observation as to suggest the presence of peritonitis in the patients.

3. The statement about the rising trend in the retained rectal foreign bodies under discussion has been revised thus 'This data and our previous report[8] have shown a rising trend in the presentation of patients with retained rectal foreign bodies'.

Response to Reviewer 2

1. We do appreciate that this is a small series compared to the previously published data from USA. However, concise epidemiological data is lacking and there are not many large published data relating to this subject in the literature. Our data collection is ongoing but the intention is to collect a 10 year prospective data which is the subject of another future write up.

Response to Reviewer 3

1. This was a cohort of all consecutive patients coded and admitted with retained rectal foreign bodies over the study period. We did not exclude any patient from the series. We did not encounter any patient with perforation in this cohort. Our previously published series[8] on the review of gastrointestinal tract foreign bodies included only a case of an impacted long foreign body with an associated rectosigmoid perforation requiring an emergency laparotomy, removal of foreign body and Hartmann's operation.

2. Again, we did not encounter any case of retained rectal foreign secondary to rape or other violent sexual practices. Our previous study[8] reported only 2 patients with retained rectal foreign bodies due to non-consensual sexual practices. We have added a statement relating to this aspect in the discussion.

Response to Reviewer 4

1. A statement about the clinical presenting symptoms of retained rectal foreign bodies has been added to the introduction section.

2. The distance of the foreign bodies from the anal verge varies in the series presented. The retained foreign bodies were palpable by digital rectal examination in 11 patients in the cohort while in the remaining patients, the foreign bodies were higher up and not palpable. The implication of the level of the retained foreign bodies in the lower GI on the management protocol is presented in paragraph 8 under discussion section.

3. We have included two plain X-ray and an image of retained rectal foreign bodies in the manuscript.

Kind regards

Mr AA Ayantunde, FRCS (General and Colorectal Surgery)
Consultant Surgeon

Dr Z. Unluer, MBBS