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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 57013

Title: Rectoseminal vesicle fistula after radical operation for rectal cancer: report of 4 cases and literature review

Reviewer's code: 04966874
Position: Peer Reviewer
Academic degree: FACS, MD, MSc, PhD
Professional title: Associate Professor, Doctor, Surgeon, Surgical Oncologist
Reviewer's Country/Territory: Spain
Author's Country/Territory: China
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Reviewer chosen by: Jin-Lei Wang
Reviewer accepted review: 2020-09-01 22:46
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Review time: 1 Day and 17 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The article is interesting because of the exceptional nature of this complication and the treatment used in 4 + 8 cases. Authors should consider the following points: Keywords: They only introduce 2 MESH in the keywords: anastomotic leakage. Case report is mandatory and the authors do not consider it despite having signed it in the Care Chiecklist. We believe that you should consider at least the following MESH: Case report; Seminal Vesicles. The authors should substitute Rectal resection for Proctectomy; Computed tomography by Tomography, X-Ray Computed; Introduction The search carried out to identify patients with a rectal vesicular fistula did not seem adequate. The authors identify the search terms, but not the strategy. It should be added. The authors do not specify how when searching the bibliography they arrive at 12 results. A flow chart with the items considered and discarded (and the reason) should be made. In clinical cases, authors should: Case 1: Clarify when they restore traffic continuity. Wouldn't a colostomy or lateral ileostomy have been better instead of a Hartmann operation? Case 3: They repeat the paragraph twice: Conservative treatment Preoperative MRI in a 74-year-old man revealed penetration of the rectal front wall by the large tumor including the full thickness of the rectal layers and invasion of Denonvilliers' fascia （DF） at the level of the seminal vesicle (SV) (Fig3. 1–2). Chest X-ray, abdominal and head CT scans showed no distant metastases. The patient refused preoperative neoadjuvant therapy for heart disease. Abdominal swelling and pain, fever and abnormal characteristics of intrapelvic drainage tube with an average 15-30ml feces appeared on Pod 3. But abdominal pain intensified and new symptoms of left scrotal swelling and urine turbidity emerged on Pod 4 (Fig3. 3). Lavaging from an intrapelvic drainage tube with 250/500 ml normal saline flush with negative pressure, anti-inflammation with broad-spectrum antibiotics (Metronidazole) once per day and enteral

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nutrition, which feasible for advanced ileostomy to be performed on operation, were administered to improve symptoms, while moxifloxacin was added once per day due to unimproved urinary tract symptoms, eg left scrotal edema, pneumaturia emerging on Pod 12 and fecaluria on Pod 14, respectively. Transabdominal sinus radiography identified rectal AL but not urethral leakage (Fig3. 4). RSVF was identified by CT showing that contrast agent retrogradely entering the ductus deferens around the entrance to the epididymis (Fig3. 5) and air bubbles squeezing in SVs and bladder via the sinus secondary to AL (Fig3. 6). The limitations are that with the cases provided, it is not possible to give a therapeutic regimen to be followed in this complication. Thank you