



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13191

Title: Modern management of anal fistula

Reviewer code: 02923947

Science editor: Yuan Qi

Date sent for review: 2014-08-11 08:42

Date reviewed: 2014-08-14 13:30

Table with 4 columns: CLASSIFICATION, LANGUAGE EVALUATION, RECOMMENDATION, CONCLUSION. It lists various grades (A-E) and their corresponding evaluation and recommendation options.

COMMENTS TO AUTHORS

Comments to the Author Authors presented a review with a critical appraisal on the modern procedures for anal fistula. They found the following ones as the most representative: Ligation of intersphincteric fistula tract (LIFT), anal fistula plug derived from porcine small intestinal submucosa and the new designed GORE BioA? plug, Fibrin glue, Fistula laser closure (FiLaC?), Video-assisted anal fistula treatment (VAAFT) and Adipose-derived stem cells (ASCs). They examined the advantages and drawbacks for each procedure through the outcomes reported in literature. Among them, they focused mainly on a surgical procedure of LIFT and conservative methods such as advancement flap, anal plugs and so on. However, they have less focused on another surgical procedure including seton procedure [1] and so on. In conservative procedures, success rates varied from 20-80% in long-term follow-up. On the other hand, in surgical procedure of seton, success rates showed much higher with minimal morbidities and recurrence. Recently, a modified seton technique has been applied to treatment of trans-sphincteric and supra-sphincteric anal fistulas [2]. As the results, recurrence rate was 0 % in trans-sphincteric fistula and 4.9 % in supra-sphincteric fistula. The technique provided favorable results in the treatment of complex anal fistula while preserving the sphincter function and conservation of fecal continence. To review the modern procedures for anal fistula, therefore, a wide variety of procedures including seton technique should be included. References 1. Eitan A, Koliada M, Bickel A: The use of the loose seton technique as a definitive treatment for recurrent and persistent high trans-sphincteric anal fistulas: a long-term



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outcome. *J Gastrointest Surg.* 2009 Jun;13(6):1116-1119. 2. Tokunaga Y, Sasaki H, Saitoh T: Clinical role of modified seton for treatment of trans-sphincteric and supra-sphincteric anal fistulas. *Surg Today* 2013(3);43:245-248.

ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 13191

Title: Modern management of anal fistula

Reviewer code: 02832668

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Date sent for review: 2014-08-11 08:42

Date reviewed: 2014-08-25 04:48

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 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	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 a well written review of the English literature about the new treatment approaches to fistula-in-ano. Some of the suggestions to the authors are listed below:

Title Reflects the main topic.

Abstract Well written.

Introduction The success rate of laying open the fistula tract is over expressed. More recent and more than one papers should be referenced when citing this data.

Methodology 1. "Methodology" subheading reflects only the first paragraph. Either a second subheading before "LIFT" should be given or instead of "Methodology" a more detailed/inclusive term should be used. 2. Reference coding system should be change according to the instructions for authors (Ex: in square brackets in superscript at the end of citation content or after the cited author's name.). 3. In Tables, sometimes the name of the first author and sometimes the name of any other author is used - why ?. (Table 1, Tsang , Kumar, Bartlett,... are not the first authors while Rojanasakul, Shanwani,... are). Please use either the name of the first author or the last author and when there is more than one author- please use "et al. " 4. Abbreviations should be used in parentheses following their open form where they are used for the first time in the text; e.g. ARAF on the 4th page. 5. Page 4: "Although, at 19 months of follow-up, the recurrence rate was 1 (7%) in the ARAF group and 2 (8%) in the LIFT group, the only patient with post-operative minor incontinence belonged to the advancement flap group." The recurrence rate is "7%" or "8%", not 1 or 2. Please take recurrence rates out of bracelets and write the number of patients in bracelets like "(n=1)". 6. Page 4: "Some authors have stressed the importance of an adequate drainage and elimination of any



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septic tissue via insertion of an indwelling seton for 6-12 weeks prior to LIFT procedure. This allows a better outcome." Which authors ? Please add reference. 7. Page 7: "...treated with BioA? plug have higher initial rates of clinical success and this seems to be due to less frequent implant extrusion rather than any biological advantage." I think "... Higher initial clinical success rates and ..." sounds better. 8. Page 7: "Bigger cases and comparative studies with other procedure are desirable, to further elucidate the cost-effectiveness of this technique." Do the authors mean "Bigger case series and comparative studies " 9. Please add another recently published paper about fistula treatment with laser ablation in the references. "Oztürk E, Gülcü B. Laser ablation of fistula tract: a sphincter-preserving method for treating fistula-in-ano. *Dis Colon Rectum*. 2014 Mar;57(3):360-4. doi: 10.1097/DCR.000000000000067." 10. Page 10: " 59 patients), all after closure of the internal opening. After 1 year of follow-up, they achieved a healing rate of 57, 52 and 37% in respectively group A, B and C." Please correct as : " After 1 year of follow-up, they achieved a healing rate of 57%, 52% and 37% in group A, B and C, respectively." References Too many mistakes. Should be rewritten according to the journal's guidelines, the names of the articles should be corrected , some references do not include the journal names and data such as volume, pages etc..



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 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 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 a review article on the modern procedures for anal fistula. The authors examined the procedures mentioned by healing rates and complications reported in literature. However, the analysis is too simple to be understood. Besides healing rates, fistula condition, failure or recurrence rate, recurrence time after operation, mean healing days, co-morbidity, any complications, any associated disease such as DM, Cancer, etc. should be provided if possible. Meta-analysis based on Table 1, 2 and 3 were suggested. Among procedures described, ligation of intersphincteric fistula tract (LIFT) seemed to be the most representative one. However, the results were based on inappropriate literature search. Most articles cited are published before 2012. Only one article cited was published in 2013 (reference 47; Cintron et al. published for anal fistula plug). About LIFT, at least 6 articles related to LIFT were published after 2012 (see Hong KD et al., Tech Coloproctol 2014;18:685-691).