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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

ESPS manuscript NO: 14786

Title: Vascular Z-shaped ligation technique in surgical treatment of haemorrhoid

Reviewer code: 00041966

Science editor: Fang-Fang Ji

Date sent for review: 2014-10-24 09:59

Date reviewed: 2014-11-12 00:20

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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The Authors report their experience on a novel technique for the treatment of hemorrhoid disease. The technique, that is very similar to rubber band ligation, and less accurate than DGHAL, is employed in patients with II to IV degree hemorrhoids, without apparently any difference based on symptoms' severity. Here are my comments

Abstract According to Mat. and Met. 116 patients and not 138 were evaluated. How pain was evaluated should be specified. Report all the results point by point. The conclusions that the technique is easily applicable and cost efficient cannot be drawn by the results.

Introduction It should be stated that different treatment are directed towards different grade of HD

Materials and Methods The description of the technique should be better explained, better with the help of drawings. If it was previously described, by the authors or by others, should be reported in the References.

Results Report the results only once in the Table or in the text. In Table 1 age should be reported as median and range (better) OR mean and standard deviation. There are symptoms described in the text that not corrispond to those on the table (itching, discomfort). In Tab 3 include VAS ans SS range and eliminate the sentences refereing to the Sto arrivando!,e results in the text Specify symptoms of relapse in all the patients, with grade of HD and timing.

Discussion The advantages of the technique over rubber band ligation and DGHAL, and ligation without doppler aid are not clear. The limits of the retrospective nature of the study, the lack of comparison with other techniques and the short follow-up should be stated

References N12 refers to an abstract. There are many publicacions on the same topic including a metanalysis



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(Giordano P. Et Al, Colorectal Disease) and a RCT (De Nardi P et Al. DCR)



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

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Science editor: Fang-Fang Ji

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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 checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" 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

1) The ABSTRACT should be rewritten. The first sentence of the Method is incomplete “among 138 patients....” as well as the first sentence of the Results “75 of the patients...”. Conclusion should replace Result in the last phrase of the abstract section. 2) INTRODUCTION. The term DGHAL (Doppler-guided haemorrhoidal artery ligation) should be replaced by THD (transanal hemorrhoidal dearterialization; see reference 12 in the paper), that is the new operation performed using the Doppler. Differently from DGHAL, the technique of THD also include the mucosal plication of the prolapse. 3) MATERIAL & METHODS. The technique proposed by the authors is to put the second suture 5-10mm below the first suture. However, my consideration is that if this could work for 3rd degrees haemorrhoids, it could not be enough for 4th degrees prolapsing haemorrhoids. Why did the authors not extend the ligation further down in such a case? Could the authors comment? 4) The paper is overall well-written, however it still needed minor language polishing



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ESPS PEER REVIEW REPORT

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<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
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		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Haemorrhoidal plication has been used as one of effective surgical treatments for advanced internal haemorrhoids. The surgical technique the authors described in their manuscript is NOT novel.