

ESPS PEER-REVIEW REPORT

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| CLASSIFICATION | LANGUAGE EVALUATION | SCIENTIFIC MISCONDUCT | 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"/> The same title | <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"/> Duplicate publication | <input type="checkbox"/> Rejection |
| <input type="checkbox"/> Grade D: Fair | <input type="checkbox"/> Grade D: Rejected | <input type="checkbox"/> Plagiarism | <input type="checkbox"/> Minor revision |
| <input type="checkbox"/> Grade E: Poor | | <input type="checkbox"/> No | <input type="checkbox"/> Major revision |
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| | | <input type="checkbox"/> No | |

COMMENTS TO AUTHORS

Benezech et al reviewed the possibilities regarding the faecal incontinence (FI) in a very exhaustive paper. Authors have reviewed in detail the conservative and the surgical methods for treat FI. The manuscript is well organized and detailed, it uses more than 130 references. As authors has a wide literature overview of the topic, some minor changes may enhance the value of the manuscript. Due to this presumption I have some remarks. Most of the therapeutic modalities are detailed, however the approach of them are not universal in my opinion. Efficacy of the given therapeutic modality is signed in a percentage form. This is very useful in my opinion, I advise to complete these data regarding all modalities - if there is any literature data. As the usefulness of the different therapies are stated to be unproven in many cases, the level of the evidence should be signed in all cases (in a table e.g.). It would help the physician to judge the exact place of each modality in the therapeutic arsenal. If the authors have some clinical experience in treating IF, it would be nice to have it at the end of the paper. Some therapeutic flowcharts regarding the most typical clinical scenarios (neurological disorders, sphincter disruption, IBD, etc.) would also enhance the value of the paper. However, the aim of the manuscript is review the therapeutic modalities - a table regarding the most



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important systemic disorders causing FI would be very useful. Listing these states would be very useful from the viewpoint of the differential diagnosis. It would help the readers to decide whether the patient needs really an anti-FI therapy, or there is a background internal disease which must be diagnosed and treated. Bile acid induced diarrhoea is a typical case – authors referred a study where cholestyramine was observed to improve the stool frequency and consistency. It is more important to find out the real cause of diarrhoea (bile acid induced, microscopic colitis, coeliac disease even in older age, etc.). In summary, this manuscript could be a very useful review regarding the treatment of IF. Some differential diagnostic approach, grading the modalities and some therapeutic flowcharts for the most typical cases based on the experiences of the authors may enhance the value of the manuscript.