Dear editors and reviewers：

Thanks to the editorial department and reviewers for your comments and comments on the manuscript no.: 88053, Case Report. These Suggestions are of great value and help for the modification and improvement of our thesis, and have important guiding significance for our research. First of all, we have polished the language by American Journal Experts (http://www.aje.com) and the language quality of the manuscript has improved greatly. In addition, according to the rules of abbreviations, we have modified and used the standard abbreviations. Finally, we have carefully studied the comments and made corrections in the hope that they will be approved. The revised part of the manuscript has been highlighted in yellow. The main contents of the manuscript and the response to the comments of reviewers and editorial office are as follows：

Title: Treatment of adult congenital anal atresia with rectovestibular fistula：a rare case report

Authors: Jun Wang, Xin-Yi Zhang, Ji-Han Chen, Hei-Ying Jin

Responds to the reviewer's comments:

1) Did the anal atresia with rectovestibular fistula of this patient have occurred infection in this part, for example, Fournier inflammation?

Response: Thank you for your careful work. The patient has not occurred infection in this part of rectovestibular fistula. Symptoms of incomplete intestinal obstruction due to narrow fistula opening.So I didn't consider it to be Fournier inflammation.

2) Postoperative defecation was good. You removed the distal rectum at least 3cm. But I think that long time anal atresia might reduce the sphincter muscle. Why was postoperative defecation well?

Response: Thank you very much for your careful review.2)The 3cm mentioned in the article is a quote from Italian pediatrician Laura Lombardi in her article, not my own viewpoint. Combined with preoperative magnetic resonance imaging, the patient had internal and external sphincters, but only experienced disuse atrophy of the sphincter. During surgery, 2/3 of the internal sphincter and external anal sphincter should be preserved. After opening the closed anal canal, the submucosal tissue of the anal canal should be protected and utilized as much as possible, and the remaining muscles should be restored to their physiological and anatomical position with the rectum. After 4 months of pelvic floor rehabilitation treatment, no incontinence occurred.

Finally, thanks again to the editor and reviewer for their comments. Because of your suggestions, the revised articles are better and readers can get more valuable information. We would be pleased if the manuscript could be evaluated and published by your editorial board.

With best regards,

Sincerely yours,

Heiying Jin M.D.
National center of colorectal surgery,
The 2rd affiliated Hospital of Nanjing University of Traditional Chinese Medicine,
23 Nanhu Road, Jiangsu 210013,China
Tel: +86-13382793886
Fax: +86-025-83291202

E-mail: jinheiying@hotmail.com