

ANSWERING REVIEWERS



December 29, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7434-review.doc).

Title: Failed stapled rectal resection in a constipated patient with rectal aganglionosis

Authors: Lorenzo Carlo Pescatori, Vincenzo Villanacci, Mario Pescatori

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7434

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer. The corrections have been made in the text and underlined in **bold**.

(1) MISTYPING ERRORS: Sorry about that, the senior author did not make a “double-check” of the text. The errors have been corrected. Then we took the liberty to make three slight changes, as follows.

Line 17: “achieved” instead of “reported”

Line 38: “after STARR”

Line 58 : “abuse” instead of “use”

(2) “COMPLETE ASSESSMENT FOR THE POTENTIAL CAUSES FOR CONSTIPATION SHOULD BE CARRIED OUT PRIOR TO ANY SURGICAL PROCEDURE”...ABSENT IN THE DISCUSSION: Two sentences has been added to the Discussion, supported by a reference. Basically we explained that, when dealing with patients suffering from obstructed defecation, one should bear in mind that symptoms are more likely to be due to occult lesions, either functional or organic, than to the evident recto-anal intussusception, i.e. rectal internal mucosal prolapse, which often is just “the tip of the iceberg” and therefore a wrong target of surgery. This concept is based on our previous studies (Pescatori et al, Colorectal Dis 2006). We also stated which would have been our management in case we had seen the patient prior to the other surgeons, as requested by the referee at the end of his review.

(3) CONTRAST BETWEEN PATHOLOGY AND PATHOPHYSIOLOGIC INVESTIGATION, NOT ADEQUATELY DISCUSSED: This is a crucial point, rather difficult to comment. It is the first time (in four decades of clinical work of the senior

author) that we saw a patient with abnormal intrinsic plexus and normal intestinal transit times. Honestly, we do not know what to add, except making hypotheses, e.g. that the pathological alteration was not severe enough to completely impair large bowel motility. However, this last sentence has been added to the text in the conclusions.

3 References and typesetting were corrected

Finally, we took the liberty to make a small change in the order of the authors, i.e. put the name of the senior author at the end.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Mario Pescatori', with a large, sweeping flourish above the name.

Mario Pescatori MD, FRCS, EBSQ
Coloproctology Unit
Clinica Parioli
Rome, Italy
E-mail: lorenzo.carlo.pescatori@gmail.com