

Dear Editor-in-Chief

We would like to thank you and the reviewers for taking out precious time to review the manuscript and suggesting excellent recommendations. The implementation of these recommendations has markedly enhanced the quality of the manuscript tremendously.

We have revised the manuscript as per the suggestions of the esteemed reviewers. However, if there are some shortcomings or there are any further new suggestions, kindly do let us know. We would be extremely glad to carry out the changes.

The changes have been highlighted in yellow colour in the revised manuscript and have been included here as well in the response to the questions.

Thanking you once again

Pankaj Garg

Corresponding Author, on behalf of all authors

### **Reviewer's comments**

**Specific Comments to Authors:** Dear Authors, This is a very valuable work of yours with a great need for these kind of guidelines.

Ans: We would like to profusely thank the esteemed Reviewer for giving such nice and encouraging comments.

**I have only few comments/questions:**

**First, would you recommend performing MRI for all the patients with fistula in ano? even with primary, simple fistula?**

Ans: Thanks a lot for these suggestions. These have enhanced the quality of the manuscript. These have been included on Page-9.

It is a standard recommendation to do pre-operative MRI in recurrent fistulas. However, there is no consensus of getting MRI in all the patients including the ones with seemingly primary, simple fistulas on preoperative clinical examination. A recent large study highlighted that 34% of simple-looking fistulas on clinical examination turned out to be complex after an MRI was done on them<sup>[8]</sup>. This led to

a change in surgical decision in these patients<sup>[8]</sup>. Considering the results of this study and since our institute is a referral center for anal fistulas, we as a protocol do MRI in all patients of anal fistulas. This might appear a bit costly but it works out to be economical even if it prevents recurrence in half the patients. Additionally, MRI is not very costly in our country (USD 75) due to which it doesn't pinch much to the patients. Therefore, the cost-effectiveness of performing MRI for all fistulas (especially simple looking fistulas) should depend on the prevailing charges and ease of availability of MRI in the region, experience of the operating surgeon in clinical examination and his/her past experience and correlation of the results of the clinic examination with actual fistula complexity.

**Secondly, do we have a description of healed fistula? Should it be clinical or radiological description? How do these to correspond?**

Ans: This is a very relevant point. It has been now included on Page-4 & Page-7.

#### Page-4

It is important to understand that fistula healing can be clinical or radiological<sup>[5, 6]</sup>. The most common definition of clinical healing is cessation of pus discharge from all the external openings and anus for at least 3 months<sup>[5, 6]</sup>. On the other hand, the radiological healing is complete healing of internal opening, intersphincteric portion of the fistula tract and the tracts in ischiorectal fossa on MRI or TRUS<sup>[5, 6]</sup>.

#### Page-7

Therefore, a clinically-healed fistula may be radiologically unhealed and such fistula has high chances of recurrence. On the other hand, a radiologically-healed fistula with occasional serous discharge from external opening for few days (may look clinically unhealed), has a high chance of fistula healing and low risk of recurrence.

**What about cost-effectiveness performing the MRI for all the fistulas?**

Ans: Thanks for raising this point. This has been included on Page-9.

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his/her past experience and correlation of the results of the clinic examination with actual fistula complexity.

*Science editor:*

**1 The questions raised by the reviewers should be answered;**

Ans: The questions raised by the esteemed Reviewer have been answered.

**(1) I found the title was more than 18 words. The title should be no more than 18 words;**

Ans; Title has been shortened to 18 words

**Guidelines on postoperative magnetic resonance imaging in patients  
operated for cryptoglandular anal fistula: lessons from 2404 MRI scans**

**(2) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and**

Ans; All the figures have now been uploaded in PowerPoint.

**(3) Please write the “Conclusion” section at the end of the main text**

Ans: Conclusion has been added as a heading at the end of the main text.

*Company editor-in-chief:* I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. **Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".**

*Ans:* We would like to thank you profusely for provisionally accepting the manuscript. The figure legends have been modified as suggested.