



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16007

Title: Anterior rectopexy for full-thickness rectal prolapse: how to improve the results?

Reviewer’s code: 00180814

Reviewer’s country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-27 21:29

Date reviewed: 2014-06-19 02:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" 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 checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well written non comparative, longitudinal review study evaluating effectiveness, complication and recurrence rate of anterior rectopexy for full thickness rectal prolapse. Several level-one studies were also included with at least 3 months follow up. Although the review showed good recurrence rate of 4-7% at a mean follow up of 23 months, authors did not stress on the wide range of postoperative outcomes. Specifically, constipation improved ranging between 3 and 72% whilst a new or worse constipation occurred in between 0 and 14 %. On the other hand improvement in postoperative incontinence was reported ranging between 31 and 84%. Given these figures, it is conceivable that several parameters can have an impact on such highly variable postoperative results. Since , in literature there is a considerable body of evidence supporting effectiveness of the Altemeir procedure with the same wide range of recurrence rate, authors can not conclude laparoscopic anterior rectopexy is the current procedure of choice for the treatment of patients with total rectal prolapse. Until prospective randomized studies comparing results between these two different approaches will clarify the issue, laparoscopic rectopexy could not be supported as the gold standard treatment of such condition. Moreover, the wide range of



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recurrence rate reported after the perineal approach (i.e. Altemeir) may depend upon the different length of the colorectal resected specimen, since the same Altemeir procedure is likely to offer better results with technical modifications and ameliorations. . In fact, in my experience, as a surgeon performing either laparoscopic rectopexy or perineal proctosigmoidectomy, the shorter is the resected proctosigmoidectomy the higher is the likelihood of recurrence at the follow evaluation.



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16007

Title: Anterior rectopexy for full-thickness rectal prolapse: how to improve the results?

Reviewer's code: 00042186

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-27 21:29

Date reviewed: 2014-06-27 16:40

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed 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 checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

It's a well done review on ventral rectopexy for complete rectal prolapse, nevertheless some flaws are present: **TITLE:** The sentence "...how to improve the results" (of ventral rectopexy for complete rectal prolapse) is present in title, but you don't say anything about it in your conclusions (nor in abstract, neither in text). Please define this point or change the title. **RESULTS:** The overall morbidity is not declared. In fig. 2 near 40% of patients seems to have infection: urinary, of wound or mesh related? Please define. It is quite an important percentage, a comment in discussion is mandatory. "17 cases, 35 patients, 7 mesh-related ...": % has to be added. A definition of Clavien Dindo Severity Score has to be added. **CONCLUSIONS:** See comment to Title **TABLE 1:** The table is not available please add it **FIG.2:** Please put in decreasing order the different complications **FIG.3:** An explicative legend could be useful



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16007

Title: Anterior rectopexy for full-thickness rectal prolapse: how to improve the results?

Reviewer's code: 00180872

Reviewer's country: Israel

Science editor: Ya-Juan Ma

Date sent for review: 2014-05-27 21:29

Date reviewed: 2014-06-10 19:09

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

Anterior rectopexy for full-thickness rectal prolapse: how to improve the results? Thank you for the opportunity of reviewing this manuscript. The issue of choosing the right or best surgical option for rectal prolaps is still a dilemma. The manuscript summarizes the results of anterior rectopexy with regard to recurrence rate and functional outcomes. The discussion gives attention to some technical issues as well but there is no reference for that in the result section. While some of the included studies compared anterior rectopexy to other methods of repair it is not mentioned in the results consequently a more careful conclusion should be drawn.