

ANSWERING REVIEWERS



October 14, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13933-Awad RA-Rectal tone and-WJG-Sept 30 2014.doc).

Title: Rectal tone and compliance affected in patients with fecal incontinence after fistulotomy

Author: Richard Alexander Awad, Santiago Camacho, Francisco Flores, Evelyn Altamirano, and Mario Antonio García

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13933

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

Reviewer 1

The clinico-experimental study gives some evidence that FIAF is partly due to impaired rectal function. In a revised version of the manuscript etiology of fistula should be addressed for each patient.

Page 6, line 19: done. A table (Table 1) including etiology of fistula was added

Reviewer 2

The authors investigated to identify the anal sphincter and rectal factors that might contribute to the development of fecal incontinence after fistulotomy (FIAF). They demonstrated that normal motor anal sphincter function and rectal sensitivity are preserved, but rectal tone and compliance are impaired in patients with FIAF. The results suggest that FIAF is not due to alterations in rectal sensitivity and that the rectum is more involved than the anal sphincters in the genesis of FIAF. The present findings may be useful for the understanding the mechanism(s) of FIAF and development treatment for it.

However, there are several issues and questions to be addressed.

The authors included asymptomatic healthy subjects as control in order to compare patients with FIAF. The number of control should be same as the patients with FIAF. Apart from it, are they appropriate as control? How about comparing with patients who had fistulotomy without development of fecal incontinence or idiopathic FI?

A group of patients with idiopathic fecal incontinence was added for comparison. The 11 patients with fecal incontinence after fistulotomy were compared with 11 patients with idiopathic fecal incontinence and with 11 asymptomatic healthy subjects (11 for manometry and 10 for barostat). In addition, the physiological data of the patients with idiopathic fecal incontinence were added in Table 2.

Page 3, line 5-6 and line 18-19; page 6, line 27-28; page 9, line 12-13, line 16-17, line 24-25 and line 29; page 10, line 10, 19, and 27; page 11, line 15 and 21; page 12, line 13. Done.

The authors use both 95% confidence interval and mean SD for some parameter. The usage should be based on the distribution of the values, such as normal distribution or not.

Page 8, line 22-23: Revised

Page 7 “The mean body mass indices of the FIAF patients and the HS in the barostat group were similar” However, it tended to be higher in FIAF patients than in HS ($p = 0.08$)

Page 9, line 3-4-5. A tendency is not really a valid statistical data. Besides, the following text was added: The mean body mass indices of the FIAF patients ($29 \pm 3 \text{ kg/m}^2$), the idiopathic fecal incontinence patients ($27 \pm 3 \text{ kg/m}^2$) and the HS ($26 \pm 5 \text{ kg/m}^2$) in the barostat group were similar and not significant.

Page 7 “As shown in Table 1, there was no difference in the individual operating pressure between FIAF patients ($8.7 \pm 1 \text{ mmHg}$; 95% CI 7.7-9.6) and the HS ($9.6 \pm 2 \text{ mmHg}$; 95% CI 8.3-10.8; $p = 0.28$). The rectal bag volume was lower ...” The data for operating pressure and rectal bag volume should be included in the table

Page 21: Done.

Table 1 P values for all parameters should be reported.

Page 21: Done.

Was there no difference in anal squeeze pressure?

No. Page 21, Table 2.

Reviewer 3

The manuscript written by Richard Alexander Awad et al. analyzed the mechanism of fecal incontinence observed after fistulotomy. They found that fecal incontinence is not due to alterations in rectal sensitivity and that the rectum is more involved than the anal sphincters in the genesis of the incontinence. Because fecal incontinence greatly affects the QOL of the patients, this study is important for the therapeutic strategy of the patients. The study is well-organized and the manuscript is well-written.

However, there are some minor concerns that need to be addressed.

Minor point 1. The data could be different according to age, gender, or the type of operation. Because the patients' ages are much higher than those of controls, and the all of the controls are females.

Page 9, line 3-4-5:

I agree. However, a group of patients with idiopathic fecal incontinence was added for comparison:

11 patients with fecal incontinence after fistulotomy (mean age 45 ± 8 years)

11 patients with idiopathic fecal incontinence (mean age 48 ± 17 years)

Besides, the mean body mass indices of the FIAF patients ($29 \pm 3 \text{ kg/m}^2$), the idiopathic fecal incontinence patients ($27 \pm 3 \text{ kg/m}^2$) and the HS ($26 \pm 5 \text{ kg/m}^2$) in the barostat group were similar and not significant

Moreover, patients without fecal incontinence after fistulotomy or patients with idiopathic fecal incontinence should be included as controls. The author should add some data and comments on that point.

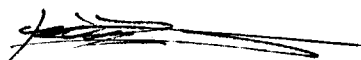
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Page 3, line 5-6 and line 18-19; page 6, line 27-28; page 9, line 12-13, line 16-17, line 24-25 and line 29; page 10, line 10, 19, and 27; page 11, line 15 and 21; page 12, line 13. Done.

3 References and typesetting were corrected

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

Sincerely yours,



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