

## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13933

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

**Reviewer code:** 00005855

**Science editor:** Yuan Qi

**Date sent for review:** 2014-09-09 14:12

**Date reviewed:** 2014-09-14 23:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<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"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

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? 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 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 7. "As shown in Table 1, there was no difference in the individual operating pressure between FIAF patients ( $8.7 \pm 1$  mmHg; 95% CI 7.7-9.6) and the HS ( $9.6 \pm 2$  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



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the table. Table 1. P values for all parameters should be reported. Was there no difference in anal squeeze pressure?



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13933

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

**Reviewer code:** 00009417

**Science editor:** Yuan Qi

**Date sent for review:** 2014-09-09 14:12

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

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.



**ESPS PEER REVIEW REPORT**

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13933

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

**Reviewer code:** 00503536

**Science editor:** Yuan Qi

**Date sent for review:** 2014-09-09 14:12

**Date reviewed:** 2014-09-15 11:47

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

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. 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.