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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology
ESPS manuscript NO: 14011
Title: PERFACT Procedure: A new concept to treat highly complex anal fistulas
Reviewer code: 01804702
Science editor: Yuan Qi
Date sent for review: 2014-09-13 20:07
Date reviewed: 2014-09-28 18:59

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	Google Search:	[ ] Accept
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Existing	[ ] High priority for publication
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] No records	
[ ] Grade D: Fair	[ ] Grade D: Rejected	BPG Search:	[ ] Rejection
[ ] Grade E: Poor		[ ] Existing	[ ] Minor revision
		[ ] No records	[Y] Major revision

COMMENTS TO AUTHORS

This is an interesting description of a novel method of anal fistula closure, including a cauterization of the internal opening, curretage of the fistula tract, and mechanical debridement of the tract 4 times a day (usually performed by a patient's relative). Comments: 1) As you state in your manuscript, cauterization of the internal opening alone was not successful. I think that the intensified mechanical cleaning of the fistula tract is the key to fistula healing. Did you combine your intensified fistula cleaning program with other operations, like mucosal advancement flap? One might speculate that this would again lead to lower recurrence rates. 2) Another argument that cauterization is not the crucial step in your PERFACT procedure: cases in which the internal opening could not be identified had the same healing rate. Did you employ the intensive cleaning procedure without cauterization of the internal opening? Perhaps this would reach the same healing rates. 3) You should comment on your follow-up time which does not allow to rule out late recurrences. As shown for mucosal advancement flaps, a substantial number of recurrences occures up to three years after fistula surgery. 4) Please discuss the potential role of PERFACT opposed to mucosal advancement flap, anal Fistula plug, OTSC proctology, and others. 5) Please explain how you developed the present PERFACT procedure. What were your observations that let you perform it like this? Did you have good results by intensified fistula cleaning after other types of fistula surgery? 6)The compliance / adherence of your patients seems to be excellent; I can imagine difficulties to persuade patients of fistula cleaning four times a day.