Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

It is a well-written, well-designed and interesting a multicenter prospective study as the authors analyze the feasibility and medium-term outcomes of the e robotic-assisted proctosigmoidectomy with sphincter- and nerve-sparing surgery for Hirschsprung's disease in children of all ages. The introduction has the rational, the study design is appropriate and the results are well interpreted.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 84463

Title: Robotic-assisted proctosigmoidectomy for Hirschsprung's disease: a multicenter prospective study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04898871

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2023-03-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-04-03 19:21

Reviewer performed review: 2023-04-12 20:50

Review time: 9 Days and 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Firstly, I would like to congratulate you by the high quality of the submitted paper. The methodology is excellent, and the information provided has a high potential clinical relevance. Maybe I would like you to develop more deeply some aspects in your paper. In the following sections, aspects I consider modifiable or revisable of the submitted manuscript will be highlighted. In the INTRODUCTION section, we can mention: • Authors mention: "As previously shown, the minimal surgical technique resulted in better early postoperative outcomes than the open procedure". It is not a "minimal" surgical technique, is really a "minimally invasive" surgical technique, equivalent to open surgery and surgery implies colorectal resection and coloanal anastomosis, both mayor surgeries. Talking about MATERIAL AND METHODS: • In page 6, authors speak about colonic irrigation and antibiotic prophylaxis. I think that volume and related to weight antibiotic doses must be provided. • In a similar way, in page 8 intravenous postoperative antibiotics (line 1) must be provided with their names and dosages (are they the employed preoperatively?). • Page 8, statistical analysis. What were the employed statistical test to assess if the variables fulfilled criteria of normality? In the

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RESULTS section: • Postoperative outcomes, page 9: "Two patients suffered from Clavien–Dindo grade III complications, including…". The described complications are probably grade IIIb (needing under general anaesthesia procedures) as they must be described as "IIIb" in Clavien-Dindo classification. In the DISCUSION SECTION: • A last paragraph or sentence mentioning questions remaining to be solved and future lines must be added (the provided one seems to be a little scarce).   Newly I would like to congratulate authors for their work.   Keep working in this way and trying to publish your research.