Reviewer's report

Title: Longitudinal Plication - A Surgical Strategy for Complete Rectal Prolapse Management

Version: 2 Date: 28 December 2013

Reviewer: ELIA POIASINA

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MCR:
This is an observational study: this means that all the comparisons with other techniques are not useful to understand which is the best for this pathology.
The Authors didn't mentioned:
1- the entity of the rectal prolapse for which their proposed technique could be useful.
2- the length of the follow up of the patients operated on.

Talking about a potentially complicated surgical pathology like it is, the authors should specify the origin/cause of rectal prolapse for such case (e.g., into a table) and they should explain how the patients who experienced fecal incontinence did resolve the problem.

Into the "results" section of the paper there are a lot of references/comparisons to other techniques, better placed in the "discussion" part.

MER

There are a lot of grammatical mistakes and the English syntax is not always "fluid".

The description of the technique lacks of some feedback (i.e., K1, L1, M1).

Why a general anesthesia and not a locoregional one? It is not always simple to start an oral fluid intake after only 4 hours from a general anesthesia and discharge the patients after 6 hours.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests below.