Reviewer's report

Title: Pudendal nerve decompression: a basic procedure in perineology

Version: 4 Date: 15 April 2004

Reviewer: Karel CMM Everaertr

Reviewer's report:

General
This is an honest presentation of a cohort treated by pudendal nerve decompression and brings sufficient new material that merits publication.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) Type of article: this is not a research article but a clinical presentation of results.
2) Structure of the article: It feels like many sub articles are joined in 1 topic. There are 3 aims of whom the first and the last fit. The second aim is not sufficiently studied (and weak proof) so I suggest giving the results but not considering it as an aim of the study. Anyhow it is a bit strange not including Dr Bex as a co-author if this is an important aim of the study.
3) The article is difficult to read due to the many subsections, subpopulations and co-surgeries performed. Therefore a logistic regression analysis is suggested. It might summarize results; increase the power of the study and the readability. The best example is anal incontinence: if a sphincteroplasty + pudendal nerve decompression is performed, how can we judge on the effect of the decompression? Again omitting some patients and/or logistic regression might improve the article quality.
4) The article is difficult to read, as the author wants to supply all information he has and we suggest omitting certain parts (see later).
5) Discussion: The author repeats several times: “the weakness of the study”. One might write this once but if repeated continuously it is the same as writing that the study is not worth publishing. I suggest criticising once for the several sub conclusions in for example the second paragraph. In the first paragraph I would discuss the major conclusion.
6) Discussion: “Prevalence”: new data come in here which should be in the result section.
7) Abstract: one should also mention the sensitivity of a test and not only the specificity.
8) Main questions for me remains, which are the strict minimum diagnostic criteria to decide for surgery (ie neurophysiology + 1 sign, etc…).

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)
- Introduction, aim 3: these 3 signs: which 3?
- Materials and methods: I miss the words: this is a retrospective analysis…
- Materials and methods: I miss the diagnostic criteria used to decide for surgery, it is always and/or so I could decide that 1 observation is enough?
- Materials and methods: neurophysiology before and after surgery. It seems extremely important to supply data on how long after surgery this evaluation was done (mean months-range) and in how many patients or one should refer to the table.
- Materials and methods: the surgical technique should be referred as done but not explained into
details, as the article is too complex.
- Results: omit “there was a clear psychological problem before the surgery” as this not proven and therefore a statement that complexes the article without any use
- Results: I do need a summarizing table on the clinical results gathering all aspects using cure/improvement/failure/worsening. With this table available, these results do not need to be repeated in the text, which will increase the readability significantly.
- Results: the 3 signs: the data are not in agreement with the figure. It is not difficult to make the circles more realistic or even use clouds, which would be more correct. Otherwise one can omit the figure.
- Discussion: paragraph 1: “is a relatively frequent event” This is not scientifically language, how frequent in the literature?
- Discussion page 10: “group was statistically younger”; significant is missing
- Discussion; effect on symptoms: Omit the first paragraph, makes no sense here, is even a result and should then be presented there and not around 20 min but 20 min (range, SD…). Several parts can be omitted in this section.
- Discussion, p12: pudendal nerve decompression – urge incontinence: there is no reference in this paragraph and it does not really discuss?
- Discussion, EMLG-PNTML, p13: very honest but give the impressions that the observations are worthless, I suggest not discuss this weakness as neurophyusiology is only given as a complementary test?
- Tables: Abbreviations must be explained in a legend

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

none