Author's response to reviews

Title: Hand-assisted laparoscopic suture rectopexy for complete rectal prolapse complicated by solitary ulcer and obstructed defecation: a case report and review of the literature

Authors:

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Author's response to reviews: see over
A point-by-point response to the reviewers’ comments (Nicole Bouvy):

Dear reviewer,

Thank you for your letter and constructive comments concerning our manuscript entitled “Hand-assisted laparoscopic suture rectopexy for complete rectal prolapse complicated by solitary ulcer and obstructed defecation: a case report and review of the literature”. The paper was revised substantially. This is our comments according to yours. They are listed in the table:

<table>
<thead>
<tr>
<th>Reviewers’ comments</th>
<th>Our comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the case been reported coherently? Reasonably</td>
<td></td>
</tr>
<tr>
<td>2. Is the case report authentic? Yes</td>
<td></td>
</tr>
<tr>
<td>3. Is the case report ethical? Yes</td>
<td></td>
</tr>
<tr>
<td>4. Is there any missing information that you think must be added before publication? No</td>
<td></td>
</tr>
<tr>
<td>5. Is this case worth reporting? No not new nor innovative, already reported in literature</td>
<td>We did not find the exact method hand-assisted laparoscopic suture rectopexy as a treatment of complete rectal prolapse complicated by solitary ulcer well described in medical literature.</td>
</tr>
<tr>
<td>6. Is the case report persuasive? No</td>
<td>Hand-assisted laparoscopic suture rectopexy is feasible and safe surgical treatment of rectal prolapse with solitary rectal ulcer syndrome, providing complete recovery for operated patients.</td>
</tr>
<tr>
<td>7. Does the case report have explanatory value? No</td>
<td>This case helps to understand that solitary rectal ulcer syndrome is associated with rectal prolapse and that stopping complete rectal prolapse may lead to rapid healing of the solitary rectal ulcer.</td>
</tr>
<tr>
<td>8. Does the case report have diagnostic value? no</td>
<td>Yes. Already reported in the literature</td>
</tr>
<tr>
<td>9. Will the case report make a difference to clinical practice? no</td>
<td>Case report explains recent technological approach to an old disease for surgeons, gastroenterologist and general practitioners</td>
</tr>
<tr>
<td>10. Is the anonymity of the patient protected? yes</td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much indeed.

Yours sincerely,

Narimantas Evaldas Samalavicius
A point-by-point response to the reviewers' comments (Indru Khubchandani):

Dear Reviewer,

Thank you for your letter and constructive comments concerning our manuscript entitled “Hand-assisted laparoscopic suture rectopexy for complete rectal prolapse complicated by solitary ulcer and obstructed defecation: a case report and review of the literature”. The paper was revised substantially. Following changes have been made. They are as follows:

Revised paragraphs, sentences, words are below:

1. Introduction (line 7)/ sentence changed to: This case confirms that stopping complete rectal prolapse may lead to rapid healing of the solitary rectal ulcer.

2. In Case Presentation/rectoromanoscopy changed to sigmoidoscopy; the degree of prolapse was added.

3. In the second last paragraph in Discussion/ sentence changed to: According to published data that stopping complete rectal prolapse may lead to rapid healing of the solitary rectal ulcer.

4. All the changes were highlighted using colored text in the manuscript.

5. We confirm that a revised manuscript was checked by a native English speaker prior to submission.

Thank you very much indeed.

Yours sincerely,

Narimantas Evaldas Samalavičius
A point-by-point response to the Editorial Team:

1. The ethnicity of the patient was included in the abstract;
2. A figure title was included after the reference list;
3. The term "woman" was replaced with the term "female"
4. Our manuscript was checked and corrected by a native English speaker (all changes were highlighted in the manuscript).