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| Journal Name: | International Journal of Medical and Pharmaceutical Case Reports |
|--------------------------|---|
| Manuscript Number: | Ms_IJMPCR_32963 |
| Title of the Manuscript: | LOW RESIDUE DIET & CODEINE MAY SUBSTITUTE FAECAL DIVERSION IN CONSERVATIVE MANAGEMENT OF PATIENT WITH RECTOURETHRAL FISTULA - A CASE REPORT |
| Type of the Article | Case study |

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of 'lack of Novelty', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

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PART 1: Review Comments

| | Reviewer's comment | Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here) |
|------------------------------|---|---|
| Compulsory REVISION comments | Rectourethral fistulas (RUFs) are tracts that | |
| | pathologically connect the rectum to the urethra. They | |
| | usually represent a rare but significant complication of | |
| | radical prostatectomy and one that is difficult to | |
| | resolve . RUFs are usually located at or near the | |
| | vesico-urethral anastomosis and the membranous | |
| | urethra. RUF incidence varies from 0.6% to 9%. | |
| | Intraoperative accidental rectal injury is a major risk | |
| | factor for the formation of a fistula. | |
| | | |
| | Several techniques can be used for managing RUFs: | |
| | transanal, transabdominal, trans-sphincteric, and | |
| | transperineal; the last being most commonly adopted. | |
| | To date no standardised RUF treatment exists. | |
| | Regardless of the surgical technique adopted, fistula closure can be effective in up to 87.5% of cases, with a recurrence rate of 12.5%. Since there is no standardised treatment, the choice of the surgical | |
| | technique is usually determined by the surgeon's familiarity with a given procedure. | |
| | I ask some questions. 1. Please tell me the etiology of RUF in this case. | |

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| | Please tell me the surgical treatment of RUF. Please tell me the reason why conservative treatment (low residue diet and codein) is good effect for RUF. Please comment the recurrence rate of above conservative treatment. |
|---------------------------|--|
| Minor REVISION comments | Please tell me the reason why this patient select open prostatectomy for BPH. |
| Optional/General comments | |

Reviewer Details:

| Name: | Naoki Hashimoto |
|----------------------------------|---|
| Department, University & Country | Department of Surgery, Kindai University, Japan |

Created by: EA Checked by: ME Approved by: CEO Version: 1.6 (07-06-2013)