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| Journal Name: | [**Asian Journal of Research in Surgery**](https://journalajrs.com/index.php/AJRS) |
| Manuscript Number: | **Ms\_AJRS\_138695** |
| Title of the Manuscript: | **Small Bowel Obstruction Secondary to Chronic Pelvic Fistula: A Case Report** |
| Type of the Article | **Case report** |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | **The case report emphasises the importance of local perianal infections or fistula as a cause of pelvic adhesions. The cause for the adhesion and the further colonoscopy or pathology reports are not available. That would have given more value to the case report.** | We thank the reviewer for highlighting the clinical value of this report. This case draws attention to a rare but important mechanism of small bowel obstruction (SBO) caused by chronic perianal infections and inflammatory pelvic adhesions, in a patient without prior abdominal surgery. By reporting this association, we aim to encourage clinicians to consider pelvic sepsis as a possible cause of non-postoperative adhesive SBO, particularly when fistulas or collections are involved. This adds value to the diagnostic approach and supports early surgical intervention when warranted. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | **Yes** | We agree that the title is appropriate and requires no modification. |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | **Yes** | We have retained the structure of the abstract but improved its clarity by explicitly noting the absence of surgical history and the prior management of the pelvic abscess. These details help underline the unusual context of the case. |
| Is the manuscript scientifically, correct? Please write here. | Yes | The scientific content has been preserved and further enriched. We expanded the discussion on the physiopathology of inflammatory adhesions and provided additional details on the initial treatment of the intervesico-rectal collection (i.e., antibiotics and drainage). |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | Yes | We have reviewed and confirmed that the references are appropriate. Most are foundational or clinically relevant, and we retained a balance between historical context and up-to-date guidance (e.g., ASCRS Textbook, 2016). |
| Is the language/English quality of the article suitable for scholarly communications? | Yes | Minor corrections were made for clarity and grammatical precision. The revised version is now more fluent and suitable for publication. |
| Optional/General comments |  | We appreciate the reviewer’s input. While colonoscopy and histopathology were not performed during the acute phase, we have referred the patient for gastroenterological evaluation of the chronic fistula. The case was managed according to emergency priorities, and further etiological workup is planned in follow-up. |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* |  |