

Peer Review File

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Reviewer A

I congratulate the authors on this synthesis.

Some specific comments:

Comment 1: Extending the search to other databases (SCOPUS, EMBASE, OVID...) could have been of interest. Although it is not a systematic review, why were they limited to PubMed/MEDLINE?

Reply 1: We thank the reviewer for raising this important point. As the reviewer alludes to, this manuscript was designed as a narrative review and not a systematic review. Therefore, we limited the search to only free publicly available databases (PubMed/MEDLINE) and not databases that require a paid or institutional subscription (SCOPUS, EMBASE, OVID).

Changes in the text: We have modified the text of the Methods section to “searches of the free publicly available databases” in Lines 135-137.

Comment 2: Regarding clinical presentation, I would like to see prolapsed polyps included in the differential diagnosis, which can be easily confused by emergency teams with rectal prolapse. I attach a recent reference that includes an extensive literature review of all previous cases and some reflections regarding the differential diagnosis.

Javier Arredondo Montero, Elena Carracedo Vega, Socorro Razquin Lizarraga et al. Pediatric rectosigmoid atypical juvenile polyps presenting with anal prolapse and acute bleeding: a case report and a comprehensive review of the literature., 04 October 2023, PREPRINT (Version 1) available at Research Square [<https://doi.org/10.21203/rs.3.rs-3407884/v1>]

Reply 2: Thank you for bringing this excellent article to our attention. We have expanded on the need for providers to consider prolapsed polyps in the differential diagnosis in our Etiologic Factor section lines 198-200 and have included the above article in our references.

Changes in the text: Etiologic Factor section lines 198-200 and have included the above article in our references.

Comment 3: I also think it is relevant to include, in relation to differential diagnosis, a

paper by Akkoyun et al. on the usefulness of parental photographs and videos of the lesion in the diagnosis, given that it is not always possible to see the lesion live.

Akkoyun I, Akbiyik F, Soylu SG. The use of digital photos and video images taken by a parent in the diagnosis of anal swelling and anal protrusions in children with normal physical examination. *J Pediatr Surg.* 2011;46(11):2132-4. doi: 10.1016/j.jpedsurg.2011.07.003. PMID: 22075344.

Reply 3: We thank the reviewer for highlighting this important suggestion and to highlight this option for improving access for parents. We have included the article and commentary in our manuscript under the Clinical Presentation and Diagnosis section, lines 230-232.

Changes in the text: We have included the article and commentary in our manuscript under the Clinical Presentation and Diagnosis section, lines 230-232.

Comment 4: "If the prolapse is difficult to reduce, sugar can also be applied to decrease the oedema and allow for manual reduction(30,31)". In reality, any highly osmotic medium can be applied, such as hypertonic saline, which is cleaner and more readily available in hospitals.

Reply 4: We thank the reviewer for this important feedback. We have added the addendum of highly osmotic mediums to our discussion in lines 257-258. The American Society of Colon and Rectal Surgeons clinical practice guidelines also reference the use of table sugar as an agent to assist with reduction.

Changes in the text: We have added the addendum of highly osmotic mediums to our discussion in lines 257-258.

Comment 5: "All combinations of the following terms: "rectal prolapse", "anorectal prolapse", "prolapse of rectum", "children", "pediatric " is not a reproducible search strategy. Please define strategy using Booleans and clarify which are MeSH.

Reply 5: We thank the reviewer for raising this important point. We have clarified the Booleans and labeled which were MeSH terms in Table 1 referencing the search strategy.

Changes in the text: Table 1 amended.

Comment 6: I miss representative images to help guide the text. I recommend considering including clinical images and a pathophysiological diagram. It would greatly enrich the manuscript.

Reply 5: We thank the reviewer for raising this important point. Unfortunately, we do not possess any original clinical images of this condition for which patients and their families are willing to sign a release for publication of the photo. We have added Figure 1 as a color illustration pathophysiological diagram.

Changes in the text: Figure 1 added.

Reviewer B

I appreciate your significant efforts in compiling this review on an important yet often overlooked pediatric concern.

Comment 1: i advice to: Include a table summarizing reported outcomes (resolution/recurrence rates, complications etc.) for the different procedural and surgical options described. This would greatly benefit readers interested in comparing these strategies.

Reply 1: Thank you very much for this important suggestion. We have created a table as recommended above with management method, technique, resolution, and associated complications and listed as Table 2 and lines 295-296.

Changes in the text: We have created a table as recommended above with management method, technique, resolution, and associated complications and listed as Table 2 and lines 295-296.

Comment 2: In the methods section 2, clarify your search strategy, including databases searched, timeframe, and any language or publication status restrictions. Please also state how many articles were screened and included to give readers better context.

Reply 2: We thank the reviewer for this important feedback. All of the following details requested above are available in Table 1 referenced in the Methods section. This was formatted in this way consistent with other Narrative Reviews published in *Translational Gastroenterology and Hepatology* to streamline all of this information in the journal's formatted table instead of listing it in the text. With regards to the number of articles screened and included, these were not recorded in the original search or in the text given the manuscript's format as a Narrative Review instead of a Systematic Review, the latter of which requires every search result to be appraised and level of evidence graded. This was conducted in line with all other Narrative Review articles published in this journal, which do not list the number of articles screened and included since the manuscript does not seek to evaluate all literature in a given field consistent with this journal's Instructions for Authors. **The following is listed in the journal's Instructions for Authors under the Narrative Review section "Please note that a narrative review is less methodologically demanding than a systematic review, as it does not require a search of all literature in a field. Therefore, the search strategy summary of a narrative review is mainly used for more transparent reporting."** We hope the reviewer would agree with our formatting following these instructions from the journal for this Narrative Review article format.

Changes in the text: Table 1 amended for search strategy.

Comment 3: 3- get use of this reference :

Martini N, Kara Tahhan N, Aldarwish MS, Mahmoud J. Rectal prolapse as a manifestation of inflammatory bowel disease with celiac disease in a 2-year-old male: a rare case report. *Ann Med Surg (Lond)*. 2023 Apr 6;85(4):1235-1239. doi: 10.1097/MS9.0000000000000494. PMID: 37113926; PMCID: PMC10129242.

Reply 3: We thank the reviewer for providing this excellent reference, which will strengthen the manuscript. We had previously included celiac disease as a manifestation with rectal prolapse under our Etiologic Factors section and have added this reference as well in this section Lines 177-178.

Changes in the text: We have added this reference as well Lines 177-178.

Comment 4: 4- Carefully review for redundant information between the methods and discussion sections. There are areas where you repeat concepts initially described in the methods, which disrupts flow. Please streamline.

Reply 4: We thank the reviewer for this important comment and have gone through the entire manuscript to confirm no areas are repeated in the Discussion that were stated in the Methods section. The Methods section is currently two sentences long with an associated table, and we have verified that none of the information in these sentences are repeated in the Discussion subsections or any other sections of the Manuscript other than the Methods section.

Changes in the text: Methods section amended.

Comment 5: 5- please ensure proper usage of terms like efficacy vs. efficiency, ensure all acronyms are defined, double check accuracy of reference callouts, and standardize terminology when referring to certain procedures.

Reply 5: We thank the reviewer for this important suggestion. We have carefully re-reviewed our manuscript and have made the appropriate changes throughout.

Changes in the text: The entire text has been reviewed by 3 native English language speakers and amended throughout.

Reviewer C

Comment 1: Fantastic review article for management of rectal prolapse in children, from diagnosis to medical management to surgical intervention. I cannot see any areas needing improvement. congratulations on a great manuscript.

Reply 1: We would like to thank this reviewer for their time and energy spent reviewing our manuscript.

Changes in the text: No changes requested.