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Solitary rectal ulcer syndrome in a teenage patient: A case report.

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Technical review

Reviewer's information			
Date review assigned	18-Dec-2023	Date review completed	26-Dec-2023
Reviewer name	Khondker Abul Kalam Azad	Do you have any conflict of interest with the author/s?	No
ORCID	0000-0002-9167-6529	Do you wish to be disclosed to the author?	Yes

Reviewer's comments (16-Apr-24)		**Author's response (18-Apr-24)** [Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]
How would you rate the originality and depth of the manuscript?	8	-
Is the manuscript written in a scholarly manner?	8	-
Does the manuscript have the potential to make a valuable contribution to the world of knowledge?	8	-
Does the manuscript meet ethical standards?	9	-
The case report is well structured, informative and provides valuable insights into SRUS in a paediatric patient. The case report discusses the uncommon occurrence of Solitary Rectal Ulcer Syndrome (SRUS) in a 14-year-old girl, presenting with rectal bleeding, tenesmus, and constipation. The diagnosis was established through colonoscopy, revealing a single erythematous lesion with characteristic histopathological findings. Treatment involved stool softeners, topical mesalamine, and sucralfate, leading to complete resolution of symptoms after six weeks. The report emphasizes the importance of considering SRUS in pediatric patients with prolonged rectal bleeding and highlights the successful management of the condition with conservative measures.		
1. Pediatric instead of children can be used as a keyword for better search ability.		1. Instead to children, Pediatric is used in revised manuscript.
2. The last sentence of case description should be revised "we also kept rectal TB as one of the differential diagnoses".		2. The last sentence of case description is revised in manuscript.
3. It's not clear why plain x-ray abdomen was done to exclude IBD and rectal TB?		3. In IBD (UC), there are some radiological hallmarks such as colonic dilatation, loss of colonic haustration. So Plain Xray was done.
4. Discussion on the rationale behind the choice of treatment and its success in this case would be valuable.		4. The ratinale behind the treatment is revised in discussion part of the revised manuscript.
5. Symptom remission does not mean cure of the disease, that should be confirmed histologically.		5. In SRUS, healing should be confirmed endoscopically. But in our patient, patient party did not agree to do repeat colonoscopy. And also as the symptoms completely subsided and patient remained symptom free for one year so patient party could not be convinced to do repeat colonoscopy.
6. Follow up Colonoscopy could be fearful and painful for the patient and the main reason of		6. On follow up, short sigmoidoscopy is definitely a better option to confirm healing of ulcer. But as our

Reviewer's information		
denial. Instead of that a short sigmoidoscopy could be better compliance to the patient as the ulcer is 8-10cm from anus and can be easily seen with sigmoidoscopy.		patient was an adolescent girl and patient party did not give consent to do repeat lower GI endoscopy, so sigmoidoscopy also could not be done.
Reviewer's Recommendation	Revisions Required	

Responsible Editor's comments (16-Apr-24)		**Author's response (18-Apr-24)** [Please write a response to each point. You must change the manuscript as per your response. Mention line numbers.]
Name	M Mostafa Zaman	
ORCID	0000-0002-1736-1342	
1. Drop the second clause of the running head. 2. Drop the academic degree of all authors. 3. Replace the Highlights into "Learning points"		1. I have dropped the second clause of the running title 2. I have dropped the academic degree of the authors 3. Highlights are replaced by Learning points and the points are rephrased
Editor's Decision	Minor Revision	

Final decision of the Executive Editor (19 Apr 24)	**ACCEPT** We shall edit the manuscript soon for your concurrence.