

Dear Pediatric Surgeons!

I refer for your attention the discussion regarding the ARM. I submitted an article about the ARA screening program to the Journal of Pediatric Radiology [https://www.anorectalmalformations.com/_files/ugd/4d1c1d_4a9958669dca432db0b56eb2bd625873.pdf]. The program is based on evidence that they have an anal canal. I consider it a great achievement of the last period that none of the three reviewers denied the presence of the anal canal, and two of them actually recognized its existence in ARM. Two reviewers are no doubt aware of the presence of an anal canal. However, PSARP is advertised in their articles. I consider this a betrayal of patients and my profession. I encourage you to think about your purpose and your honor.

Below is the editor's response.

In response to letter of Prof. Amaka C. Offiah, Managing Editor J. Pediatric Radiology, I reply in red.

Dear Dr Levin,

Thank you for submitting PRAD-D-22-00432 "Discussion of radiological diagnostics of anorectal malformations. Review." to Pediatric Radiology. Unfortunately, I am unable to accept your manuscript for publication. This decision is based on several factors (reviews [which can be found below], newness, scientific quality, usefulness to our readers etc.). I am aware that my decision is likely to be disappointing but hope that it will not deter you from submitting to us in the future. I wish you every success in finding an alternative place of publication and the reviewers' comments will be helpful in this regard.

Dear Prof. Amaka C. Offiah! You refused to accept my manuscript for publication because it lacked novelty, poor scientific quality, and lack of utility for readers. These unfounded assertions have no confirmation either in the text of the article or in the conclusions of the reviewers.

Prior to Peña's description of PSARP, the bowel below the pubococcygeal line was considered the anal canal, and efforts were made to preserve it to obtain the best functional results. Peña stated (1982) that there is no anal canal in ARM. Did he provide evidence? No. Since then, pediatric surgeons who believed him have been destroying the anal canal. In addition, the poor results of the operation are explained by the fact that the patients did not have an anal canal. I had to prove

with the help of histology, manometry, and radiology what was already known before Peña's false statement. For the first time in X-ray examination, I accurately measured the length of the anal canal and the width of the rectum in different age groups. I first described the physiology of the anorectal norm in normal and with ARM. I have shown in numbers that the results after PSARP are significantly worse than after the cutback procedure. This knowledge is not only useful for readers. Anal canal rescue in children relieves children from the lifelong disability that comes with PSARP (fecal incontinence, chronic constipation, sexual and psychosocial problems).

Editor:

On first reading your manuscript, I was in two minds whether or not to submit it for peer review. The main reason for this was that from the Abstract, I was not sure that the article was suitable for a radiology journal. Briefly reading through the article, there appeared to be a strong argument against the work of Pena. For this reason, it seemed appropriate to obtain independent opinions from experts in this area of paediatric radiology.

A team effort with a systematic review of the literature, a meta-analysis and assessment of the quality of included papers would be more appropriate than the approach you have taken, much of which reads as one person's opinion.

Firstly, the article presents a program for examining children with ARM, mainly involving X-ray examination.

Secondly, unproven, i.e., the non-scientific statement about the absence of the anal canal belongs to Peña, and without admitting his guilt (not a mistake), it is impossible to convince pediatric surgeons who grew up on false ideas to preserve the anal canal.

Thirdly, you groundlessly refused to publish my article, even though not a single reviewer supported Peña's false idea that there is no anal canal in ARM.

This year marks 40 years since the publication of Peña's article. During this time, there was not a single team that would try to stop the destruction of the anal canal in children with ARM. Any research that contradicted Peña's "experience" was not allowed for publication, as my article is now. Peña and his associates defend the brand he created (PSARP) to the detriment of the health and happiness of children.

Sir! In accordance with your position and title, you must distinguish opinion from scientific evidence. In 1982, Peña expressed the opinion that there was no anal canal. There are no opinions in my article. It based on evidence. Due to space

limitations, some of the evidence is in the articles I link. Reviewers should read links, not catch fleas among words.

Let's look at the reviews:

Reviewer

#1

The paper was intended to a radiology journal. In fact, radiology plays a minor part in the manuscript. Major part concerns the pure surgical question of the best approach to anal atresia, so this paper is directed to the wrong journal from the beginning.

Sir! You represent a scientific peer-reviewed journal. By sending me this review, you not only insulted me, but you also showed the scientific level of the journal. The examination program I proposed differs fundamentally from all other programs precisely in that patients have an anal canal. Without evidence of this, it would not be substantiated and understood. This program is proposed for pediatric surgeons and radiologists to provide pathophysiologically sound treatment.

Reviewer #2:

Very confusing paper with multiple typographical and grammatical usage errors including an entire word in Cyrillic script. Radiologic images and line drawings are only marginally helpful in illustrating points made in the text. Your thesis that the PSARP is anatomically and clinically unsound may be a good one, however, clear experimental data to support it is difficult to judge in this paper.

Reviewer 2 says, that my "thesis that the PSARP is anatomically and clinically unsound may be a good one". However, if it is difficult for him to judge in this paper, then he should have asked questions or refused to review. Scientific peer review implies sufficient preparation of the reviewer. Unfortunately, due to the efforts of Peña and associates, pediatric surgeons and radiologists are excommunicated from science. They are forbidden to judge the role of the puborectalis muscle, the physiology of the anorectum, as this could undermine Peña's business. Secondly, I categorically affirm, that I did not make any experiments with sick children. The scientifically unfounded surgeries that Peña is performing are experiments on the children that must be stopped immediately.

Reviewer #3:

Review of PRAD-D-22-00432

Summary: The authors of this manuscript intended to provide either a review or systematic review of the radiologic diagnosis of anorectal malformations.

Abstract: Needs to be more concise. Much of what is included is better suited for the discussion section of the manuscript.

Comments:

1. It seems that the focus of the manuscript will be on two schools of thought on anorectal malformations, one which holds that the distal bowel segment extending to the skin is worth preserving versus one that holds it should be removed. To that point the introduction section needs expansion with additional review and reference of the literature to provide historical context.

First, how can you be "more concise" and to provide more "historical context". Secondly, all material is presented in a historical aspect [1-54].

2. PRM - spell out acronyms at first use

3 APM - is this a typo for ARM, or is it an acronym for something else?

I allowed several a typo and even a whole word in Russian. If the technical editors, who several times contacted me with a request to change something in the text, turned to me with a question, I would translate a whole word in Russian into English.

4. The inclusion of histologic and manometric information does not fit with the title and intended review of radiologic diagnosis of ARM.

I have already responded to the same comment. I will repeat again. Unfortunately, pediatric surgeons following Peña and his associates sincerely believe that there is no anal canal in ARM. X-ray examination should proceed from a correct understanding of the pathological physiology of ARM. Anyone who believes that it is necessary to measure the fistula to completely remove it, in fact, removes the anal canal. Anyone who believes that MRI, as a technically more advanced device than X-ray, can improve the diagnosis of ARM, does not understand that a closed anal canal with any method is a narrow fistula-like channel.

5. References for determination of megarectum and dynamic positioning of the rectum during bowel movements?

6. Line 79-80: Reference?

7. Normal rectal size is based on xray or some other exam? If on xray, how is dynamic change in rectal size accounted for based on varying amount of bowel gas?

8. Lines 107-110: References for these statements?

For readers to learn about the method for determining megacolon, I showed it in the links articles available on the Internet. Otherwise, I would not have to shorten, but increase the length of the article.

9. The bulk of the text in section IIA (lines 194-234) should be removed, as it reads as speculation and could also be interpreted as being defamatory toward the persons that are being discussed.

The bulk of the text in section IIA (lines 194-234) should be removed, as it reads as speculation and could also be interpreted as being defamatory toward the persons that are being discussed.

Over the years (since 1995) I have been in correspondence with Peña and Levitt, drawing their attention to their mistakes. Later, in published articles and letters to the editor, I argued that with ARM, the anal canal functions normally and cannot be destroyed. These authors did not do any research and continued to lie. An example of a solid lie is published on my website

(https://www.anorectalmalformations.com/_files/ugd/4d1c1d_ea62970c815f48e6871a8a0b70b18b7a.pdf).

Prof. Offiah, I want to ask you a question and I know Reviewer #3 will read it. I am sure that the time will come when the patients whose anal canals have been destroyed by Peña, Levitt and their admirers will demand damages. I'm willing to testify for the prosecution because it wasn't a mistake, it was a deliberate act to maintain their squaw status. Will you justify Peña, as you are doing now, because of which thousands more children will lose their anal canal?

Not! I won't remove "The bulk of the text in section IIA (lines 194-234)".

10. Are the included figures created by the authors or from other published works?

In my opinion, the manuscript would be strengthened by a reorganization including

a. A concise introduction providing the rationale for the review, which in this

case seems to be the debate over whether the distal most segment of bowel/fistula in ARMs should be preserved or removed. This would include a brief review of surgical approaches and outcomes.

b. Restructuring the discussion to include not just radiographic and fluoroscopic imaging studies, but also MRI, which is heavily used in ARM evaluation currently.

Conclusion

Prof. Amaka C Offiah,

Your decision not to publish my article (PRAD-D-22-00432 - "Discussion of radiological diagnostics of anorectal malformations. Review" is contrary to the goals and objectives of a scientific journal as a scientific guide. You decided to get the opinion of experts. None of the reviewers supported Peña's idea that there is no anal canal in ARM. One reviewer thinks having an anal canal is a good idea. Another suggested correction for it to be published. These reviews show support for the main idea of my article. I hope that this is also my merit. All reviewers share with you the unwillingness to get into conflict with Peña. However, if you do not publish my paper, the destruction of the anal canal in ARM patients will continue unknown amount of time.

I ask you to reconsider your decision and publish my article along with reviews. For the discussion to be real, you can invite more reviewers.

If you refuse me and the patients whom I defend, I will be forced to challenge you to the court of honor. I mean publishing this appeal on my website (<http://www.anorectalmalformations.com>), in my Forum list, and sending it to medical journals.

Michael Levin