I must congratulate the authors for this uncommonly reported case report.

I have few queries and few suggestions as mentioned below:

1. Whether patient was having any external injury in the form of hematoma or breech in the perineum?
2. What suture material was used to repair the anterior rectal perforation?
3. Outcomes of repair of traumatic rectal perforation like bleeding, any type of discharge?
4. Whether any type of drain was put anterior to the rectal perforation?
5. Any postoperative investigations like ultrasonography of the pelvis or contrast enhanced CT-scan was done to assess any collection in the extra peritoneal space.
6. As it is just a single case report so the major burden of the article is on review of literature; so it will be better in the interest of readers to give classification of anorectal injury and algorithm for their management regarding use of different procedures with author has mentioned like presacral drainage, rectal wash, primary repair of injury with or without colostomy etc.

Few corrections regarding correction of language:

1. In the abstract section “we present.............rectal laceration” the sentence formation appears very awkward, that can be changed.
2. Similar pattern is seen in the sentence (in the introduction section) “They are frequently ................life of the child.”
3. Line no.72 ‘transanaly’ instead of ‘ transanally ‘ .
4. Line no. 91 repetition of word ‘algorithm’.
5. Line no. 119 it will be better “Urethral bleeding informs about associated bladder or urethral bleeding”.
6. Line no. 120 word ‘through’ instead of ‘throw’.
7. Line no.122 ‘clinical examination’ instead of ‘clinical exam’.
8. Line no.126 ‘associated with colostomy’; ‘with’ instead of ‘to’.