

RESPONSE TO REVIEWERS

December 19, 2014

Dear Editor:



Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript No. 13908-Review.doc).

Title: Segmental small bowel necrosis associated with antiphospholipid syndrome: a case report

Authors: Qun-Ying Wang, Xiao-Hua Ye, Jin Ding, Xiao-Kang Wu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13908

The manuscript has been improved according to the comments made by the reviewers:

1. The format has been updated.

2. Revisions have been made according to the suggestions of the reviewers:

- (1) We thank the reviewer for the comments on exploring other etiologies for thrombosis including protein C and S deficiency. Actually, protein C and S values were within normal range in this patient, which we have included in the revised manuscript.
- (2) The reviewer's comments on the working diagnosis are very important. As contrast-enhanced CT indicated small bowel necrosis, we considered segmental small bowel obstruction and necrosis as the patient's working diagnosis.
- (3) We thank the reviewer for the comments on the possible association between the patient's pulmonary manifestation and APS. We do indeed believe that the patient's pulmonary manifestation was linked to APS, and as multiple organs were involved, the presentation was likely a fulminant form of APS. However, biopsy was not obtained from the lung because the patient's condition aggravated rapidly.
- (4) The reviewer's comments on the association between hydropericardium and APS are important. The patient's condition deteriorated aggressively with involvement of several organs, including the heart. Therefore we considered that a fulminant form of APS was the cause of hydropericardium.
- (5) According to the reviewer's suggestion, we have added "a case report" at the end of the title.
- (6) All possible pathologic conditions that may contribute to thrombosis are presented in Table 1 of the revised manuscript as suggested by the reviewer.
- (7) A short running title has been provided in the revised manuscript according to the reviewer's suggestion.
- (8) We thank the reviewer for the comments on examination of lupus anticoagulant. We have examined the lupus anticoagulant for this patient, and it was within the normal limit.
- (9) The reviewer's comments on the novel finding of the manuscript are significant. Our case report highlights that unexplainable ischemic bowel and intestinal necrosis with insidious clinical features may be secondary to APS. Thus, a high index of suspicion of APS is required, as early diagnosis may ameliorate the course of the disease.
- (10) According to the reviewer's suggestion, we have cited the article by Uthman and Khamashta (reference #9 in the revised manuscript).
- (11) The reviewer's comments on providing alternative therapeutic strategies are very helpful, and have been included in the Discussion section of the revised manuscript.

3. References and typesetting have been corrected.

4. We apologize for the language problems in our manuscript and thank the reviewer for carefully checking our manuscript. We have sent our manuscript to a professional English language editing company for improvement. All the language mistakes have now been corrected.

Thank you again for considering our manuscript for publication in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, reading 'Xiaohua Ye'. The signature is written in a cursive, flowing style.

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