ANSWERING REVIEWERS

November 14, 2014

Prof. Yuan Qi

Editor

World Journal of Gastroenterology

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14517-Review.doc).

Title: A Case of Cytomegalovirus Colitis Followed by Ischemic Colitis in Non-immunocompromised Adult

Author: Tsuyoshi Hasegawa, Kazuki Aomatsu, Masanori Nakamura, Naoki Aomatsu, Keiho Aomatsu.

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14517

We greatly appreciate your invitation for us to re-submit ESPS manuscript NO: 14517-Review "**A Case of Cytomegalovirus Colitis Followed by Ischemic Colitis in Non-immunocompromised Adult**". We would like to thank the reviewers for detailed comments and suggestions for improvement in our manuscript. We have carefully considered the referees' comments and have point-by-point responses as described below. Also, we highlight all changes in the revised manuscript. This manuscript is not being considered in whole or in part by any other journal. All authors are aware of the content of this manuscript. We believe the revised paper will interest the readers of *World Journal of Gastroenterology*.

We appreciate the critical reviews and hope you will seriously consider this report for

publication in *World Journal of Gastroenterology*.

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Sincerely yours,

Tsuyoshi Hasegawa M.D.
Department of Surgery, Aomatsu Memorial Hospital,
876-1 Kamikawaraya, Izumisano, Osaka 598-0001, Japan.
TEL; (+81) 7-2463-3121
FAX; (+81) 7-2463-6616
e-mail address; m1151331@med.osaka-cu.ac.jp

I. We have responded to the Referee #02935930 comments, as follows.

Referee #02935930

Thank you very much for the careful reviews of the Referee #02935930. We correct several points according to the descriptions by the reviewer, as described below. We indicate the changes point by point and highlighted them in the revised paper.

1. The title reflected the major topic accurately.

2. The abstract not only provided a clear delineation between the Cytomegalovirus, Cytomegalovirus colitis, immunocompromised patients and immunocompetent patients, but also introduced the diagnosis, treatment and prognosis of the non-immunocompromised patient who suffered Cytomegalovirus colitis.

3. The part of case report provided sufficient detailed descriptions such as the past medical history, the symptoms, serologic test results, colonoscopy results and the immunohistochemical findings for the correct diagnosis. The part has a strong logical and authenticity.

4. The discussion is well organized. It tells us that Cytomegalovirus (CMV) colitis occurs rarely in immunocompetent patients and little detail is known about the clinical features, endoscopic findings and prognosis of CMV colitis in immunocompetent patients.

5. This article may provide a basis for people to investigate the clinical and endoscopic features of CMV colitis and its prognosis in immunocompetent patients in the future.

Thank you for the agreement.

II. We have responded to the Referee #02941672 comments, as follows.

Referee #02941672

Thank you very much for the careful reviews of the Referee #02941672. We correct several points according to the descriptions by the reviewer, as described below. We indicate the changes point by point and highlighted them in the revised paper.

This case is very rare but includes some suggestive points with interest. I listed some comments for further improvement as follows.

1, The diagnosis of ischemic colitis is insufficient. The finding without abdominal pain is not typical. What percentage of ischemic colitis patients not showing abdominal pain? In addition, the authors noted that the biopsy specimens showed acute colitis compatible with ischemic colitis; but, do they include characteristic observations such as ghost-like appearance?

As the reviewer commented, abdominal pain is one of the typical symptoms in ischemic colitis. We looked over what percentage of ischemic colitis patients do not detect abdominal pain, but we cannot find it out. In our case, abdominal pain, a typical symptom of ischemic colitis, was not detected. Though the symptoms with no abdominal pain are atypical in ischemic colitis, colonoscopy results, location of the disease and biopsy results were in accordance with ischemic colitis. Patients with diabetes mellitus often have a nerve disorder and at times do not feel pain, even in the presence of myocardial infarction. Our patient was old and also had a history of diabetes mellitus providing a potential explanation for why abdominal pain was not detected. (**Page 4, line 27-32**)

2, It is easy to understand if the clinical course of this patient including physical status and laboratory data is shown by graph.

Thank you for the advice. The clinical course of this patient was added as **figure 3**. (**Page 4, line 9**)

3, The results of stool culture at the first visit needs to be presented to exclude infectious colitis.

I agreed with reviewer's comment. I forgot to examine stool culture at the first visit. I will certainly check it next time. (**Page 3, line 24**)

4, Page 4 line 2; The duration and frequency of vomiting and diarrhea should be described.

We added the duration and frequency of vomiting and diarrhea. (**Page 3, line 10-11**)

5, Page 5 line 8; "Fosmicin" needs to be changed to "fosfomycin calcium hydrate".

We changed "Fosmicin" into "fosfomycin calcium hydrate". (**Page 3, line 30**)

III. We have responded to the Referee #00057560 comments, as follows.

Referee #00057560

Thank you very much for the careful reviews of the Referee #00057560. We correct several points according to the descriptions by the reviewer, as described below. We indicate the changes point by point and highlighted them in the revised paper.

It is true that Colitis due to CMV is rare in immune competent patients and all patients show good response to antiviral treatment. There are some flaws in the manuscript.

1. What was done with the stenosing segment of colon because that is ought to lead to obstruction in future .What about the follow of the patient.

As the reviewer commented, the stenosis segment of colon might lead to obstruction in the future. When we found the stenosis first, the stenosis segment, estimated with a contrast medium, appeared short and incomplete. (**Page 3, line34-35**)

The patient is carefully monitored once a month, has no trouble evacuating the bowels, and remains asymptomatic on November 2014. (**Page 4, line 11-12**)

Concerning the stenosis detected by colonoscopy, we plan to perform operation or place a stent in this stenosis when the complete obstruction is noticed at this area. (**Page 6, line 8-10**)

2. The manuscript is not written properly. It needs to be rewritten by English knowing person.

This manuscript was edited by English language editing company "AmEditor" which editor of *World Journal of Gastroenterology* recommend.

3. The paper needs a major revision.

I rewrote this manuscript in accordance with reviewer's comments and AmEditor edit.