January 10, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14964-review.doc).

Title: Idiopathic Neonatal Pneumoperitoneum with Favorable Outcome: A Case Report and Literature Review

Author: Tao-Zhen He, Chang Xu, Yi Ji, Xiao-Yan Sun, Min Liu
Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14964

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Response to 00068404: Thank you for your positive comment on this manuscript.

(2) Response to 00050109: Thank you for your constructive suggestions. Relevant supporting literature on the hypothesis have been listed in the manuscript accordingly. The discussion part has been updated. We should mentioned the hypothesis is proposed on an empirical and theoretical basis to a certain extend. Besides, spelling mistakes in the article will be meticulously checked and professional companies be employed for language polishing.

(3) Response to 00069461: Thank you for your comment on our manuscript. We really appreciate your point of view. Indeed, idiopathic pneumoperitoneum is now not uncommon in the literature and often leads to a satisfactory outcome. However, in clinical practice it is still a rare condition in neonatal patients. Moreover, the neonate with massive pneumoperitoneum did not present typical symptoms and signs similar to alimentary

tract perforation or necrotizing enterocolitis, which is extremely rare in the literature. Maybe, this could be regarded as a new issue. In our opinion, if unnecessary laparotomy could be avoided it is of great significance not only for a neonate itself, but for the whole family. So we sincerely hope that by sharing the rare case with more people, more infantile patients would benefited. Besides, spelling mistakes in the manuscript will be meticulously checked and professional companies be employed for language polishing.

(4) Response to 00070191: Thank you for your suggestions. Indeed, diagnosis of pneumatosis cystoides intestinalis (PCI) concerning the neonate can not be ruled out only base on the plain film though typical sign of gas-contained cyst or line within the intestinal wall is negative. CT scan is a usually required in identifying the details mentioned above in the literature when PCI is suspected, so it is used for confirmming the diagnosis of PCI. It is a pity that we failed to obtain a CT scan on the neonate at an initial time. To our knowledge, PCI is a radiological sign predominantly seen on preterm neonate with necrotizing enterocolitis(NEC) which is characteristic by the presentation of abdominal distention, gastrointestinal bleeding, abdominal tenderness (even sepsis and shock at advanced stage) and PCI on abdominal X-ray film (even portal vein or biliary tree pneumatosis at advanced stage). The neonate we described was at her 37th week gestation (close to a full-term) with normal body weight and did not display typical symptoms or signs of NEC other than abdominal distention and tachypnea. Considering that the presence of PCI in neonates combined with massive pneumoperitoneum is extremely rare, we cautiously excluded the NEC diagnosis. Besides, spelling mistakes in the article will be meticulously checked and professional companies be employed for language polishing.

(5) Response to 00029041: Thank you so much. We failed to find the gas-filled sign in the submucosal and subserosal space of the intestine from the plain film, however, diagnosis of PCI cannot be totally excluded. When suspecting of PCI, CT scan should be required to confirm whether the diagnosis of PCI was established. Unfortunately, we missed the opportunity to obtain CT scan on the patient. To our knowledge, PCI is a radiological sign predominantly seen on preterm neonate with necrotizing enterocolitis(NEC) which is characteristic by the presentation of abdominal distention, gastrointestinal bleeding, abdominal tenderness (even sepsis and shock at advanced stage) and PCI on abdominal X-ray film (even portal vein or biliary tree pneumatosis at advanced stage). The neonate

we described was at her 37th week gestation (close to a full-term) with normal body weight and did not display typical symptoms or signs of NEC other than abdominal distention and tachypnea. Considering that the presence of PCI in neonates combined with massive pneumoperitoneum is extremely rare, we cautiously excluded the NEC diagnosis. Additionally, professional companies will be invited for language polishing.

3 References and typesetting were corrected

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

Sincerely yours,

Taozhen He

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