

Format for ANSWERING REVIEWERS



January 26, 2015

Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 15790-Review.doc).

Title: Toward an easier indigo carmine chromoendoscopy

Author: Maximilien Barret, Marine Camus, Sarah Leblanc, Romain Coriat, Frédéric Prat, Stanislas Chaussade

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 15790

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:

Reviewer 1

The technique described is novel, simple and interesting. However, indigo carmine when applied very close from the scope reduces the visibility and so that, the lens has to be washed. How do they do that? If they have to put some water through the working channel, the advantage of this method is significantly reduced (because you can also apply indigo carmine through the channel by using a syringe) and may be more cumbersome

We thank the reviewer for his positive comments. Actually, the indigocarmine dye stains the mucosa, but not the lens of the endoscope, and flows away; just like water droplets do not blur the endoscopic image after washing the tip of the endoscope in routine practice. Also when a spraying catheter is used, droplets of dye might eventually touch the distal tip of the endoscope without troubling the endoscopic view. In order to clarify this important point, we added the following sentence to the manuscript:

“It has to be noted that the indigocarmine stained water does not remain on the objective lens of the endoscope -thereby limiting the visibility- but flows away. Hence, clear water is not needed for the cleaning of the tip of the endoscope during the chromoendoscopic procedure “

Reviewer 2

The article from France is aimed to report the feasibility of the indigocarmine dye application directly through the colonoscope air/water channel. The title is “Toward an easier indigocarmine chromoendoscopy”. 1. Overall, it is O.K. 2. How do the authors know that the colonoscope

air/water channel does not damage after this use? 3. In the long run, we don't know whether this endoscope air/water channel will work effectively.

We thank the Reviewer 2 for raising this important point. Even if we do not know of any data reporting toxicity of the indigocarmine dye on the endoscope, we flush the air-water channel of the endoscope ourselves with clear water after each procedure until the water is clear. Thereby, we can ensure reviewer 2 that the air/water channel actually works immediately after the procedure; furthermore, we can make sure that no dye remains in the channel if the water coming out of the endoscope is actually clear. Hence, there is no reason to fear any long-term damage of the air/water channel of our endoscopes. To clarify this point, we added the following sentence to the text:

“Immediately after the procedure, the air/water channel of the endoscope is flushed with water from another water bottle until the outflow is clear, to make sure that no indigocarmine dye remains inside the channel”.

Reviewer 3

In the manuscript by Maximilien B et al, the authors have reported the feasibility of the direct indigocarmine dye application through the colonoscope air/water channel. Their idea is interesting and easy to introduce for many hospitals. However, there are several issues to be clarified. Comments: 1. How many times have the authors applied the indigo carmine solution through the air/water channel in the same scope? Are there any problems such as a breakdown of channel due to plugging? 2. How did the authors clean CCD lens with the indigo carmine solution bottle during endoscopy? Was the water bottle changed after spraying the indigo carmine solution? 3. Once the water bottle is filled with the indigo carmine solution, the bottle may be stained. This seems to be an issue. 4. The authors should describe the feasibility of their method for the diagnosis of colonic diseases.

We thank the reviewer 3 for his comments.

1. By the time we wrote this letter, we had experience with 5 colonoscopes in 15 patients, with one colonoscope (Olympus PCF 100) used 5 times with this technique. We have never experienced any breakdown of the air/water channel of the endoscope or formation of plugs (neither have we experienced plugging with spraying catheter).
2. The chromoendoscopy procedure is only possible on a perfectly prepared, BBPS 8-9, colonic mucosa. If the objective lens needs cleaning however, it is possible to use the stained water to do so, since stained water, just like water, flows from the endoscope distal tip without blurring the endoscopic image. The indigocarmine stained water bottle was replaced by a bottle containing only clear water, not right after the spraying, but after the colonoscopy, in order to flush the air/water channel and avoid persistence of indigocarmine dye in this channel, as explained before.
3. During the approximate 15 to 45 mn time of the procedure, we did not observe persistent staining of the water bottles. In order to address this point, we added a sentence in the manuscript :

“After standard washing, we did not observe any residual staining in the water bottles”

4. We thank the reviewer for this remark. We believe our technique is a simplified chromoendoscopy protocol. However, we do not think it is able to change the diagnostic yield of colonoscopy with chromoendoscopy in the diagnostic of colonic diseases as compared to “standard” chromoendoscopy using a spraying catheter.

3 References and typesetting were corrected.

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

Sincerely yours,

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