



**BAISHIDENG PUBLISHING GROUP INC**

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242 Fax: +1-925-223-8243

E-mail: [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com) <http://www.wjgnet.com>

---

**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 21146

**Manuscript Type:** MINIREVIEWS

### **Answering reviewers**

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

1. The format of the manuscript, references, and typesetting have been updated as requested.
2. Revisions have been incorporated into the manuscript according to the suggestions of the reviewers:
  - a. "Please, it is necessary to define the methodology (the pubmed review, What is the the period covered by this review???) . -Conclusions should be clear and concise." . Answer: The comments are much appreciated:
    - i. We added a methods section to define the time span as well as keywords used in the search. In the revised manuscript on page 5, 2<sup>nd</sup> paragraph: "METHODS: A Medline search was performed using keywords Crohn's disease, complications, anastomosis, post-operative sepsis, and surgery. From the articles reviewed, additional articles from the references were also included. Articles after 1980 were considered. A total of 27 articles were finally used."
    - ii. We separated the discussion from the conclusion statement and made a more concise conclusion. The conclusion statement can be found on Page 13, 2<sup>nd</sup> paragraph: "CONCLUSION: Risk factors associated with postoperative anastomotic complications in Crohn's disease include preoperative weight loss, abdominal abscess present at surgery, prior surgery, and steroid use. Preoperative optimization should be attempted to decrease postoperative complications in these patients, particularly nutritional supplementation and abscess drainage. Since IASC is associated with an increased risk of early recurrence, preventing IASC can assist in lowering the recurrence rate and subsequently the need for further surgery. In patients with multiple risk factors that cannot be optimized preoperatively, a diverting stoma should be considered. "

- b. "It would have been interesting that there would have been new statistics belonging from the authors. The quality of the manuscript's presentation and readability are correct."
  - i. We appreciate the comment. This is a review article and not a systematic metanalysis. The purpose of the article is to present the literature on all the known risk factors for intrabdominal postoperative septic complications in a concise and objective way so the reader can form his/hers own opinion. Because of the limited literature on the subject, in order to perform a metanalysis we should have only selected 1-2 risk factors and sum up the conflicting literature on them. Many studies assessed in this review were inconsistent in definition of the variables/risk factors making statistical comparison between data either impossible or the results confusing.

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

Sincerely,

Evangelos Messaris, MD, PhD, FACS, FASCRS  
Assistant Professor of Surgery  
Colon and Rectal Residency Program Director  
[emessaris@hmc.psu.edu](mailto:emessaris@hmc.psu.edu)