



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgooffice@wjgnet.com

<http://www.wjgnet.com>

Format for ANSWERING REVIEWERS



May 5, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 26077-review.doc).

Title: Henoch-Schönlein purpura from vasculitis to intestinal perforation: a case report and literature review

Author: Butsabong Lerkvaleekul, Suporn Treepongkaruna, Pawaree Saisawat, Pornsri Thanachatchairattana, Napat Angkathunyakul, Nichanan Ruangwattanapaisarn, Soamarat Vilaiyuk

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 26077

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

1 Format has been updated

2 References and typesetting were corrected.

3 For the language evaluation, we got grade B - minor language polishing. Therefore, this manuscript has been revised by Adam Dale, a native speaker of English with former journalism experience now working as an English language Instructor at IGenius Language Institute.

4 Revisions have been made according to the reviewers' suggestions:

Reviewers' Comments to Author:

1. Reviewer's code: 03285126

COMMENTS TO AUTHORS

The case report of "Henöch-Schonlein purpura: from vasculitis induces mucosal ischemia to intestinal perforation" by Lerkvaleekul et al describes a case of a young boy with HSP who developed intestinal perforation that was not initially picked up on standard imaging as well as well-into his steroid treatment. This is a very nice case report and review of the literature to remind pediatricians and gastroenterologists of possible complications from a relatively common disease. The authors did a very nice job of presenting all of the pertinent information from the case. Additionally, the discussion was well-balanced and provided needed information. The table and figures were also appropriate for

the case and manuscript.

RESPONSE: Thank you very much for your comments.

2. Reviewer's code: 01047575

COMMENTS TO AUTHORS

In this case report study, the authors described the treatment procedure of a case who was diagnosed with HSP and had a HSP-associated intestinal perforation, which is rare in clinics. Although this is an interesting case, problems are present in the manuscript. 1. The title should be revised, so that the study type (case report) could be stated. 2. The admission date and inpatient unit should be stated. 3. The results of physical examination and laboratory examination (such as blood routine, urine routine, stool routine and coagulation function, etc) should be described detail in the first day of admission, so that we could diagnosed the patient as HSP. 4. The results of examination during the course of disease could be summarized as a table, so that we can understand the course of disease well. 5. Based on the pathological result (granulation tissue and fibrosis) and Figure 1, we can infer that the perforation was present for a long time before found. Therefore, how to avoid the occurrence of perforation and how to manage the complication timely should be emphasize in the part of discussion.

RESPONSE: Thank you very much for your comments, the corrections suggested have certainly improved the quality of our manuscript and the way the data are presented.

1. The title should be revised, so that the study type (case report) could be stated.

Response: I changed the title from "Henoch-Schönlein purpura: from vasculitis-induced mucosal ischemia to intestinal perforation with literature review" to "Henoch-Schönlein Purpura from Vasculitis to Intestinal Perforation: A Case Report and Literature Review"

2. The admission date and inpatient unit should be stated.

Response: I have put the date of admission and inpatient unit in Table 1

3. The results of physical examination and laboratory examination (such as blood routine, urine routine, stool routine and coagulation function, etc) should be described detailly in the first day of admission, so that we could diagnosed the patient as HSP.

Response: I have described the physical examination and laboratory results in the main text on page 6 with yellow highlight.

On admission, the abdomen was soft on palpation and not tender. Furthermore, there was palpable purpuric rash on both legs. His CBC revealed hemoglobin 125 g/L, WBC 11.4 x 10⁹/L, platelet 501 x 10⁹/L. ESR was 14 mm/h. Kidney function was normal; BUN was 1.99 mmol/L, Creatinine was 23

umol/L, and the urinary analysis showed specific gravity 1.020, no protein, no glucose, no blood, no bilirubin, WBC 0-1 cells/HPF, RBC 0-1 cells/HPF. The serum electrolyte showed sodium 132 mmol/L, potassium 4.2 mmol/L, chloride 94 mmol/L, bicarbonate 17.2 mmol/L, and the skin biopsy demonstrated small vessel vasculitis.

4. The results of examination during the course of disease could be summarized as a table, so that we can understand the course of disease well.

Response: I created Table 1, which demonstrates the clinical data, investigations, and treatment during the course of disease.

5. Based on the pathological result (granulation tissue and fibrosis) and Figure 1, we can infer that the perforation was present for a long time before found. Therefore, how to avoid the occurrence of perforation and how to manage the complication timely should be emphasize in the part of discussion.

Response: We agree with your comments. Based on the histopathological findings of granulation tissue and fibrosis at the base of the ulcer, we infer that the perforation happened some time prior to surgery. However, the exact time of the perforation cannot be accurately estimated. It is likely that he had a concealed bowel perforation which could have masked the symptoms and signs, leading to the delay in detecting the bowel perforation. This discussion was put on page 9 with yellow highlight.

For the prevention of perforation, I have added this sentence on page 10. Finally, in highly suspicious patients, exploratory laparotomy may be needed for the definite diagnosis and treatment of intestinal ischemia and bowel perforation.

3. Reviewer's code: 03018526

COMMENTS TO AUTHORS

This case report of "Henoch-Schonlein purpura: from vasculitis induces mucosal ischemia to intestinal perforation" by Lerkvaleekul et al describes a case of a young boy with HSP who developed intestinal perforation. This is a very interesting case report and describes a rare case. The overall structure of the manuscript is complete and the language of the manuscript reach the standard of publishing. The case characteristics are clearly presented and discussed in the manuscript and figures. The manuscript is conform to the academic rules and cite all important, relevant and timely references. Even if the manuscript doesn't present important new methods or novel findings, it reminds pediatricians and gastroenterologists that close observation and frequent physical examination are essential for the early detection of bowel ischemia as possible cause of bowel perforation. The manuscript is concise, clear, comprehensive, and convincing.

RESPONSE: Thank you very much for your comments.



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

<http://www.wjgnet.com>

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

Sincerely yours,

Soamarat

Soamarat Vilaiyuk, MD,

Assistant Professor of Pediatrics, Chief,

Division of Rheumatology, Department of Pediatrics,

Faculty of Medicine Ramathibodi Hospital, Mahidol University,

270 Rama VI road, Ratchathewi, Bangkok 10400, Thailand.

soamarat21@hotmail.com

Telephone: +66 2-201-2865

Fax: +66 2-201-1494