

Dec 16th, 2016

Dear Editor:

Enclosed, please find our revised manuscript entitled **"Ileocolic Intussusception Caused by a Lipoma in an Adult"**. This manuscript is being submitted for consideration as a case report in *World Journal of Clinical Case*.

You will find a final manuscript with all revisions highlighted corresponding to this revised manuscript. In this letter you will find a point-by-point response to each of the reviewer's concerns.

We have carefully revised the manuscript. We appreciate the thoughtful and positive reviews from the reviewers. We hope that the revised manuscript will now be suitable for publication, and thank you to the reviewers for their effort and time.

Sincerely yours,

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1. Reviewer's code: 01213502

COMMENTS TO AUTHORS

The case the authors reported was interesting. Intussusception in adult is rare except in those have underlying disease. One of them is intestinal tumor. The patient had past history of colonic lipoma. The doctors should pay more attention to such kind a patient with acute abdomen. In this situation, abdominal sonogram is indicated before more expensive exams (for example, abdominal CT). Hope the authors put more discussion in this point of view.

Answers to comments:

Thank you for this thoughtful comment.

Abdominal sonography has now been described in discussion. In South Korea, ultrasonography is not covered by national medical insurance, so we did not mention cost aspects.

2. Reviewer's code: 00722674

COMMENTS TO AUTHORS

Dear authors This is an interesting case report. Please find my comments below. Sincerely, 1. Please confirm that no written consent by the patient is not necessary. 2. " fever associated with abdominal pain" pls provide localisation of pain 3. pls correct Hhistopathology 4. "...and laparoscopy assisted surgery was performed" pls be more descriptive of the operation (i.e. segmental SB resection etc 5. What do you mean in atypical cases in abstract. Which are typical cases of this rare entity? 6. Core tip: "Ileocolic intisusception should be considered as an infrequent cause of acute abdominal pain / obstruction in adults" 7. "...With early diagnosis, appropriate fluid resuscitation, and therapy, can be performed.." Sometimes the symptoms are subacute or chronic and no fluid resuscitation is necessary. Additionally it is not only the fluid resuscitation which has reduced the mortality of this entity. 8. Why

did this patient have a colonoscopy one yr earlier at her 28 yrs of age? Was the terminal ileum intubated successfully? 9. What was the distance of the lesion to the ileocolic valve, Did they perform an oncological resection and if yes with what margins? Was the tumour so obvious inside the bowel during laparoscopy or did the surgeons find it on palpation? 10. "...Intussusception is a rare cause of abdominal pain in the adult population, accounting and accounts for only 1~5% of all cases of intestinal obstructions and 5% of all cases of intussusception[2,3] . This information has already been given in the introduction. 11. Do you have any follow-up of the patient. Is she symptom free? Are lipomas in three parts of the GI associated with a syndrome?

Answers to comments:

Thank you for this thoughtful comment.

1. The paper does not have any information that can identify the patient. It was approved by Institutional review board of our hospital on condition that there was no personal information to identify the patient. Please note that due to the patient's treatment being terminated and residing in a remote area from our hospital, it was difficult to take the written informed consent.

2-5. We revised the abstract as advised.

6. We added the sentence in the core tip as advised.

7. We revised the Introduction as advised.

8. We are sorry that there was no medical information that you asked. We could not confirm the reason why she was on exam for a health checkup or any symptoms.

9. We revised the case report section as advised.

10. The sentence has been removed in the discussion as advised.

11. We revised the case report section as requested. There was only a 3.5*2.7-cm submucosal lipoma in the terminal ileum. We think it is rarely associated with a syndrome.