

ANSWERING REVIEWERS

Please ensure the title of the manuscript is :

A conservative approach to the acute management of a large mesenteric cyst

Changes marked in manuscript e.g. (Reviewer's code 123456) changes marked in yellow

Reviewer's code : 00505201

Comments : minor language polishing

Changes : completed overall grammar and spelling check

Reviewer's code : 00733975

Comment : improvement of the language may be necessary e.g. "red flag symptoms

Changes : addition of statement in case report - She did not have any symptoms of haematemesis, rectal bleeding and mucus discharge, or any urinary and gynecological symptoms.

Reviewer's code : 03031028

Comment : The authors present a 44-year-old female patient with a rare intra-abdominal finding of a mesenteric cyst. Such cysts remain asymptomatic until they grow large. Then, they present either as a chronic, partial bowel obstruction in most cases, or as an acute abdominal disease. Infection of a cyst may be responsible for a septic course of the disease, and because possible perforation is unpredictable, most surgeons would perform an emergent operation. However, because the patient did not develop peritoneal signs, authors decided to introduce intensive intravenous treatment, and delay surgery. Fortunately, general condition of the patient had improved after initial treatment, and excision of the cyst could have been successfully performed on elective basis with the idea of reduced postoperative morbidity. I understand that if even discreet peritoneal signs had occurred, authors would have decided to operate on the patient for an emergent indication. Perhaps the following article could be interesting and informative to you: Hermann J. et al. Mesenteric cystic lymphangioma presenting as acute peritonitis. Gastroenterology Review. 2011; 6(1): 51-54. DOI: 10.5114/pg.2011.20107. Ad. page 1; line 4 of the PDF version: finding instead of findings **Ad. page 1; line 10: the mesenteric cyst**

instead of mesenteric cyst Ad. page 2; line 4: She had no... instead of she no... Ad. page 2; line 6: no instead of No Ad. page 2; line 10: from any instead of from the any...

Changes : above grammatical changes made

Reviewer's code : 02889009

Comments : A huge mesenteric cyst occupying quite half of the abdominal space should not be a temptation for an urgent surgical procedure unless cyst infection, bowel obstruction, ischemia or peritonitis are present. I suggest a modification of the title. The "conservative" management of the cyst is misleading as a planned surgical intervention was performed nine months after the gastroenteritis. The configuration of the cyst including the presence of parietal calcifications should be described more detailed in the section "Presentation of Case" and not only in the discussion. Calcifications might even be a process of chronic inflammation.

Changes : Title changed, with addition of 'acute management' – A conservative approach to the acute management of a large mesenteric cyst

Added in case report section – The lesion was reported presumably as a mesenteric cyst with a suggested element of chronicity due to the calcified nature of the cyst wall; Added in discussion section - possibly a process of chronic inflammation

Reviewer's code : 02888300

Comments : The authors should provide the histological images of mesenteric cyst

Changes : unable to obtain imaged from hospital

Editors comments

Overall changes to correspond to submission guidelines e.g. changes to correspondence information, additional COMMENT session, and inclusion PMID/DOI in reference (note reference 6 – not applicable as it's a textbook)

Marked in yellow(editor comments)