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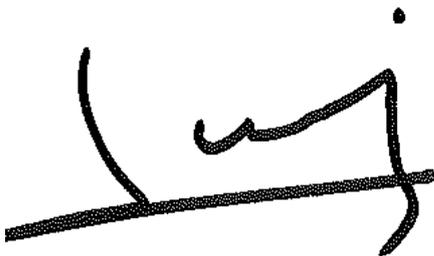
August 4, 2013

Dear Lian-Seng Ma,

In compliance with the suggestions made by the reviewers (ischemic-colitis-01-review) regarding our manuscript entitled " Prognosis and follow-up of 135 patients with ischemic colitis over a five-year period " (previous submission **Ref. no.:** ESPS Manuscript NO: 3883), the following changes have been introduced:

I'd be delighted to receive your comments, in case your editor feels appropriate to make further changes to the text.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Luis Bujanda', written over a horizontal line.

Luis Bujanda

1° Reviewed by 00009760

Clinical series of ischaemic colitis. Well described.

2° Reviewed by 01560464

- 1) The retrospectively analyzed clinical data is important clinical significance to guide the clinical prophylactic strategies for patients with ischemic colitis (IC) .
- 2) IC is associated with age and occurrence on the right-side markedly increases the risk of severe disease that requires surgery or leads to death. The mortality rate of IC is still high and the recurrence increases with time.
- 3) Figure1 is not clear and need to be replaced in a clear figure .

We replaced the figure 1

- 4) I suggest that the article can be published in the form of a short communication in world J Gastroenterology.

3° Reviewed by 02471477

Major comments: With these data, I would be more interested to see if the authors could identify prognostic predictors for ischemic colitis.

I would suggest the authors to reanalyze the data and emphasize to identification of risk factors for recurrence, all-cause mortality, as well as ischemic colitis-specific mortality.

The only factor for recurrence was identified location in descending colon (sigmoid and left colon). The data are presented in Table 2.

We have analyzed data back to all-cause mortality and the only factor that increased mortality was age (72.5 versus 78.6, $P < 0.001$). We added in the article.

These risk factors might help identification of high-risk patients for appropriate treatment. Minor comments: 1. The resolution of the Figure 1 needs to be improved. It is almost impossible to read.

We replaced the figure 1

2. Results, 3rd paragraph, "IC recurred during the follow-up period in 13 of the 123 patients (Table 1 and 2)." However, the data showed in Table 1 and 2 have 135 patients.

The reviewer is right. We modified these errors.

3. Discussion, 6th paragraph, "Some authors 1,920..." The references should be 19,20.

These references have been corrected.

4. Results and Discussion should focus more on the data that are associated with the outcomes, not those that are not associated. For example, hypertension, patients under NSAID, and comorbidities disease were not associated with the recurrence (P =0.4-0.8). Therefore, I think there is no need to describe a lot in the Results and Discussion.

As suggested by the reviewer, we eliminated this paragraph of the discussion.