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Dear Prof. Dou,

Thank you very much for your letter and advice. We have revised the manuscript according to Case-report template by updating the reference list and adding references with accompanying textual content. And now we would like to re-submit it for your consideration. We have carefully reviewed the comments raised by the reviewers and have tried our best to revise the manuscript. The amendments are highlighted in red in the revised manuscript.

Point to point responses to the reviewers' comments are as follow:

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 42129

Title: Defecation difficulties caused by Chilaiditi syndrome: A case report

Reviewer's code: 02989927

Reviewer's country: Brazil

Science editor: Ying Dou

Date sent for review: 2018-09-26

Date reviewed: 2018-09-26

Review time: 10 Hours

Reviewer #1 (ID: 02989927):

This is a case report of a rare case of Chilaiditi syndrome. This was clearly



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described by the authors throughout the manuscript. Diagnostic images were supplied.

Response: Thank you very much for the positive comments on our work and all suggestions for improvement.

1. do replace the expression "defecation difficulties" by something more technical or descriptive (in Title and throughout the text body). This is too vague.

Response: Thank you. We have replaced the expression "defecation difficulties" by " Intermittent abdominal pain accompanied by defecation difficulties " in Title and throughout the text body. Defecation difficulties was an important symptom of the patient, so we still retain it.

2. do expand the literature review.

Response: Thank you for your kind advice. Done as requested. We have carefully read the literature that you have recommended and other latest literature.

3. instead of reiterating the findings, put this case in clinical perspective as conclusion. Do surgeons and medical students need suspect routinely this syndrome?

Response: Thank you for your advices. We have deleted the repeated



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sentences and added the "conclusion" including the suggestion in the "Discussion".

4. What is the best treatment evidence to this syndrome?

Response: Thank you for your comments.

As previous studies reported that the treatment of Chilaiditi syndrome mainly includes conservative treatment and surgery. Conservative treatment includes bed rest, fluid therapy, gastrointestinal decompression, enemas, and stool softeners [1,2]. Some patients underwent surgery including transverse or right hemicolectomy, colopexy, hepatoxey, even minimally invasive surgery [3,4]. But at present there is no prospective study comparing different treatment methods because of rarity of this syndrome.

(1) Morais R, Lopes P, Macedo G. An Unexpected Abdominal Radiographic Finding: Chilaiditi Sign. *GE Port J Gastroenterol.* 2018; 25(1): 52-53.

(2) Guerra F, Sacchetti R. Chilaiditi syndrome. An uncommon cause of crampy, upper abdominal pain. *Ann Hepatol.* 2016;15(5):773-774.

(3) Takahashi K, Ito H, Katsube T, Tsuboi A, Hashimoto M, Ota E, Mita K, Asakawa H, Hayashi T, Fujino K. Treatment of Chilaiditi syndrome using laparoscopic surgery. *Asian J Endosc Surg.* 2017;10(1):63-65.

(4) Garcia O, Rayhrer C. Surgical management of Chilaiditi syndrome with da



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Vinci® robotic system. *Int J Surg Case Rep.* 2017; 16: (41):450-452.

5. What has to be done in future studies for clarifying its etiology?

Response: Thank you. Chilaiditi syndrome is a complicated disease, the definite etiology is not clear, mainly cause includes congenital and acquired disorders. It is a long way to clarify the explicit etiology, we think that the basic studies, such as cell biology experiment, signaling pathways, gene polymorphism, and proteomics, could be carried out. Besides that, clinical research such as epidemiological study, prospective study could be considered.

6. minor review of English language (e.g., place a comma before the word "which")

Response: Thank you for your suggestion. We have invited native English-speaking editors to help us polish the paper for proper English language, grammar, punctuation, spelling, and overall style



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Reviewer #2 (ID: **00503536**):

The manuscript written by Luo et al. reports a case with Chilaiditi syndrome, who was treated by laparoscope-assisted right hemicolectomy. The case with Chilaiditi sign is not rare, and most of the patients with advanced liver cirrhosis show the sign due to the atrophy of right lobe of the liver.

Response: Thank you very much for the reviewing and feedback.

1. However, most of the patients with Chilaiditi sign do not show any symptoms. The authors should discuss the factors that cause Chilaiditi syndrome from Chilaiditi sign.

Response: Thank you for the advice, we have added this information in the "Discussion". (Line1-3, paragraph 6)

2. Furthermore, they should discuss more why operation was needed for this case, because most cases with Chilaiditi syndrome could be recovered by a conservative treatment.

Response: We are sorry that we did not state this detailedly in the manuscript. We have discussed in detail why the patient received surgical treatment in more detail in the "Discussion". (Line2, paragraph 5)



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Reviewer #3 (ID:02445477)

Rarity is no criteria There is Chiladiati syndrome but attributing it to colectomy, not plausible for defecation problem Not authentic case.

Response: We regret that the case has not been well documented, but it is a real case and we would be happy to provide any further information about the case in any condition.



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Reviewer #4 (ID:00504353)

This report will be valuable for your readers to notice the rare disease.

Response: Thank you so much for your encouraging review and suggestions.

I have several minor comments.

1. At second paragraph, which introduced Chilaiditi syndrome, citation looks missing. Please add article information.

Response: Thank you. We have moved this part content to the "Discussion" and the citation of Chilaiditi syndrome have been added. (Introduction: Line7-10, paragraph1)

2. Figure 2 includes looks to include the patient information. It should be removed.

Response: Thank you very much for your careful reminding. Patient information has been removed from the Figure 2.

3. Form of references looks not fixed.

Response: Thank you. We have reorganized the references as uniform format.

4. The article #6 started to describe authors' name with their first name, although others seemed to start with family name. Please fix them.

Response: Thank you. We have fixed the article #6.



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Reviewer #5 (ID:03035498)

This a nicely written article. The clinical case is well presented and overall, respects the general guidelines for clinical cases.

Response: Thank you so much for your encouraging suggestions.

I have some comments for the authors:

1.Introduction section: the specific message of the article is not highlighted. Authors should specify what is interesting about their case.

Response: Thank you. We have added the specific message of the article and specify interesting about this case in the "Introduction ". (Introduction: Line14-16, paragraph1)

2.Clinical case: the images are too small to be viewed comfortably.

Response: Thank you for your suggestions. We have enlarged the size of the images.

3.Could the authors describe exactly what was the defecation problem for the patient.

Response: Thank you. We have described exactly the defecation problem of the patient.

4.Discussion: all the discussion section is a mini-review of the literature not with no link with the clinical case. Surgery is not the first line treatment for



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this disease. Especially, the use of laparoscopic surgery. How often surgery is used and what are the results in the literature?

Response: Thank you for your suggestions. We have added this section in the "Discussion". (Line11-12, paragraph4)



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Reviewer #6 (ID:00039422)

It is an interesting report about a rare syndrome. English language and style should be improved. The syndrome could be considered often like a volvulus of the R colon. The authors repeat several times that that condition is easily misdiagnosed. I would be more careful, considering that, as the authors stated, a chest x-ray, a plan abdominal x-ray and abdominal US could rise the suspect of this diagnosis. All of these are simple diagnostic tools.

Response: Thank you so much for your encouraging review. We have invited native English-speaking editors to help us polish the paper for proper English language, grammar, punctuation, spelling, and overall style.

1.A colonoscopy might not be helpful, as it was indeed in this patient, and this should be outlined.

Response: Thank you. We have explained the colonoscopy examination in the "Discussion". (Line8-9, paragraph3)

2.Colonoscopy described “cicatricial changes of the mucous membrane”. Could the authors better explain this finding? Is mucous membrane the colonic mucosa? Which are exactly the features of cicatricial changes?

Response: We are sorry for this negligence. We have added this section in the "Discussion". (Line10-11, paragraph3)



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3. The similarity to volvulus, either for symptoms (worsening constipation) or for the surgical management, in my opinion should be emphasized.

Response: Thank you for your constructive suggestions. We have added the discussion of the similarity to volvulus in the "Discussion". (Line16-19, paragraph3)

4. Figures are well representative, and References are updated.

Response: Thank you. We have updated and reorganized the references.

5. The rarity of the syndrome is worth of publication.

Response: Thank you for positive comment.



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Reviewer #7 (ID:01557050)

Dr. Luo and Dr. Yu reported 'Defecation difficulties caused by Chilaiditi syndrome: A case report'. The manuscript is informative and well-presented.
Comments The reviewer has no comments.

Response: Thank you so much for your positive review.

We tried our best to improve the manuscript and make some changes in the manuscript. These changes will not influence the content and framework of the paper. We hope that the corrections will meet with approval.

Sincerely yours,

Chun-Zhao Yu

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