

Re: Manuscript NO: 46826

Colon cancer arising from colonic diverticulum: A case report and literature review

Dear Dr. Ya-Juan Ma, Director, *World Journal of Clinical Cases*:

Thank you very much for your letter dated 24 April, 2019. We found the reviewers' insightful and detailed suggestions most helpful, and have revised the manuscript accordingly.

We are submitting herewith an updated version of our manuscript that indicates changes to the text using the track changes function in Microsoft Word or underline font. As requested, we are including a document certifying that our revised manuscript has been edited by a native English speaker prior to our resubmission. Below, we have included our point-by-point responses to each of the reviewers' comments and explanations of the changes made.

We are resubmitting this revised manuscript for your further consideration for publication in the *World Journal of Clinical Cases*. We look forward to hearing from you again at your next earliest convenience.

Yours sincerely,

Hajime Kayano, M.D., PhD
Department of General and Gastroenterological Surgery
Tokai University Hachioji Hospital
1838 Ishikawa-machi, Hachioji, Tokyo 192-0032, Japan
E-mail: h.kayano@tsc.u-tokai.ac.jp
Telephone: +81-42-639-1111
Fax: +81-42-639-1144

Point-by-Point response to Reviewer Evaluations

Reviewer's code: 00039422

The authors should likely reinforce this concept which is already been mentioned in the text, in the light of preference by many of a CT scan as a gold standard examination in case of diverticulitis.

The following sentences have been added on page 10, line 17.

“Moreover, it has been reported that CT findings of a wall thickness >6 mm, abscess, lymphadenopathy, localized mass, and obstruction are predictive of malignancy^[27]. One report also noted that patients with CT findings of local perforation, abscess, and fistula have higher odds of malignancy than patients with diverticulitis without complications^[25].”

Reviewer's code: 02551692

The post operative follow up is not described. The authors should describe follow up patient management.

The following sentence has been added on page 7, line 14.

➡“For follow-up, the patient's serum carcinoembryonic antigen level was tested at a 3-month interval, chest and abdomino-pelvic CT were performed at a 6-month interval, and colonoscopy was performed at a 1-year interval.”

The authors should explain the surgical technique and the reason why they didn't perform the bladder wall resection.

The following sentences have been added on page 6, line 22.

➡“To resect the fistula, blunt dissection was first performed using a suction tube followed by sharp dissection using bipolar scissors. Although the fistula was somewhat firm, it was relatively easily separated from the surrounding tissue during the dissection. The bladder wall was preserved because no tumorous lesions that suggested cancer were observed. Finally, sigmoidectomy was performed. Anastomosis was completed with a double stapling technique, and the operation was completed. A colostomy was not created.”