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Dear Editor and reviewers

I would like to thank the editor and reviewers of *World Journal of Clinical Cases* for their reviews of our article.

The reviewers' comments enabled us to revise and improve the manuscript. All changes are summarized below:

Response to Reviewer's comment

This an original case report which is well-written and presents an extremely rare case of intussusception. The authors followed a correct algorithm of managing the patient as well as presenting his case in this manuscript. Eventhough that this rare case is presented precisely, I believe, that **more emphasis should be given in the discussion section of this paper in the correct management that the clinicians followed, and algorithmic consultation that this patient has received** in order to **promote meaningful management of such rare cases in the future.**

Answer) Thank you very much for your valuable comments. We are willing to revise our discussion session as below.

<After revision>

Surgical management has been the treatment of choice for intestinal intussusception in adults, because most frequent causes for adult intussusception are

malignant in origin. However, a preoperative colonoscopy should be carefully considered especially for cases with no evidence of necrosis of colon in initial imaging study to detect the cause which may be amenable to endoscopic intervention and to avoid an unnecessary surgical procedure. In this case, colo-colonic intussusception, without any evidence of colonic necrosis on the initial image studies including abdominal pelvic computed tomography, was successfully resolved by endoscopic reduction in an acute setting (<24 hours). Further studies comparing endoscopic (or preoperative diagnostic endoscopy) and surgical procedures on long-term outcomes are needed.

The treatment of choice for anisakiasis is endoscopic removal of the nematode, and the clinical symptoms usually stop^[15]. In this case, the patient's symptoms were relieved after endoscopic removal of the *Anisakis* larva ^[15]. However, chronic cases with the evidence of the infected lesions on intestine should be considered surgical resection, and administration of tribendazole even though it is ineffective ^[16].

In conclusion, when colo-colonic intussusception occurs in adult patients, and without definite evidence of necrosis in the intestinal tract, a colonoscopy should be considered to exclude the cause that could be cured by endoscopy and to avoid an unnecessary surgical procedure.