

Response to the Editor's comments:

Comment: Recommend for potential acceptance. 1 Scientific quality: B,C. The article is two-day enema antibiotic therapy for parasite eradication and resolution of symptoms, within the scope of WJG. Summary of peer-review report: The paper is interesting because it focuses a new type of administration of antibiotics, locally active. It is necessary to mention the retention time of the enema that was most effective. 2 tables and 1 figure. 21 references were cited, including 2 latest references from 2017-2020. No self-citation. 2 Language quality: 2A. 3 Academic norms and rules: Retrospective Cohort Study. Copyright license agreement, signed informed consent, IRB and Conflict-of-Interest statement files are complete and qualified. Bing search and CrossCheck are eligible. 4 Others: Without financial support. Corresponding author has not published articles in WJG. Unsolicited manuscript.

Response:

Thank you for the comments. Regarding the retention time, there was no association between the retention time and the effect of treatment, therefore there was no specific retention time to be most effective. The median retention time and lack of association is mentioned under the results section.

The manuscript has been revised according to the guidelines and requirements of the journal. The changes have been made using the Track Changes function in Microsoft Word.

Response to the reviewers' comments:

Comment: As a paper interesting general practises, I suggest to detail the technique of enema; in particular do you need a colon irrigation?

Response: The following details regarding the technique used for rectal enema infusion was added under the methods section: "The antibiotic enema was administered via enema bag (gravity fed) containing the medication diluted in 300ml of normal saline and delivered via rectum into the bowel."

Regarding the colon irrigation, none of the patients had a colonic wash-out prior to the treatment. Some patients (n=21) completed a bowel prep prior to enema infusion. There was no significant association between the bowel prep and treatment outcome. This information is provided in Table 1 and under the result section.

Comment: 1. Mention the volume used of rectal enema. 2. It is necessary to mention the retention time of the enema that was most effective.

Response: The volume used for rectal enema was 300 ml, which is mentioned under the results section on page 9. This has also been added to the methods section. There was no correlation between the retention time and the effect of treatment, so there was no specific retention time to be most effective. The median retention time and lack of association between the retention time and treatment efficacy is mentioned under the results section on page 10.