

Response to the Science editor:

1. Two figures have been added in the main text.
2. Missing PMID and DOI have been added as much as possible and revised throughout.
3. The author's contribution has been mentioned.

Response to the Peer-review:

The authors reviewed recent findings of ischemic bowel disease. The manuscript is well written, and it is expected to help readers understand this spectrum of diseases.

Additional comments are as follows. In Clinical aspect

“History of chronic abdominal pain in the postprandial period, progressive weight loss and vascular procedures in the mesenteric arteries may be present in patients with mesenteric arterial thrombosis” Comment: The reason chronic and progressive symptoms appear in mesenteric arterial thrombosis is because of preexisting atherosclerosis plaque affecting mesenteric artery is the most common finding. It would be better to add this reason. In

Management “In patients with stenting, anti-platelet agent like clopidogrel should be given for 3 months and low dose aspirin for 12 months.” Comment: In patients with stenting, in-stent restenosis and high symptom recurrence rate have been reported. So, if no contraindication exists, patients should be instructed to take daily antiplatelet indefinitely.

Peer-review reports: Specific comments to the Author have been addressed and highlighted in red.