

ANSWERING REVIEWERS

August 25, 2012

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 7472-review.doc).

Title: Laparoscopic approach to Meckel's diverticulum

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The manuscript has been improved according to the suggestions of reviewers:

- 1) **Format has been updated**
- 2) A **language certificate** has been provided by professional English language editing company (AJE)
- 3) Revision has been made according to the suggestions of professional English language editing company and the suggestions of the reviewers: (see discussion page 8, 10, 11)

Reviewer 1

1. The incidence of Meckel diverticulum is low, and the lower incidence of symptomatic of Meckel diverticulum, can we get the conclusion that the (TULA) has superiority compared with traditional surgery just by 19patients?

We can not affirm that the trans umbilical laparoscopic treatment of Meckel's diverticulum is better than the conventional one because ours is a retrospective study, but the advantage that the laparoscopic approach involves both in terms of diagnosis and treatment, makes it feel effective and suitable for the patient. Despite this limitation, descriptive studies are useful tools for the analysis of trends

2. Most meckel diverticulum is found under the age of 2 and has quite a difference with median age of 5.4 in the passage

The wide range of age is due to the fact that the Meckel's diverticulum may be long silent from clinical point of view or to meet the case in the course of an abdominal exploration for other reasons . Palanivelu reported in his series an age range from 6 to 43 years ; likewise in the paper of Rho et Al the age of total patients ranged from seven days to 19 years , emphasizing how the age range can be very wide .

3. Should the comparatively with traditional surgery can be shown by graph?

Recommendations for the surgical treatment of Meckel's diverticulum and its clinical sequelae come from case reports and single-institution case series. There is a paucity of high-quality data about this anomaly, its epidemiology and natural history. Does the minimally invasive approach to produce better results? For patients with symptomatic Meckel's diverticula, it appears to be an

opportunity for paediatric surgeons to apply minimally invasive techniques to treat this condition but this question would best be answered using a prospective, multi-institutional study.

4. Whether the outcome of different resource of mucosa has difference?

As showed in our retrospective series , usually ectopic gastric mucosa is found in children who presented with gastrointestinal bleeding , but even with gastric or pancreatic mucosa symptoms such as appendicitis could be found . It is reported that heterotopic mucosa in symptomatic patients is much higher than in asymptomatic MD . In the symptomatic patients, ectopic mucosa is present in 61% to 80% of cases and in only 13% to 30% of incidental cases. In our cases, all bleeding MDs showed ectopic gastric mucosa.

Reviewer 2

5. Does the intracorporeal anastomosis has any significant better results in the management of these patients ?

Although the segmental resection of Meckel and the bowel anastomosis can be done completely laparoscopically, we believe that laparoscopic exploration, extracorporeal resection and anastomosis is safe, simple and inexpensive. Moreover, this added the benefits of avoiding the potential intraperitoneal spillage .

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,
Alfonso Papparella

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