

Format for ANSWERING REVIEWERS



February 10, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8080-review.doc).

Title: Muscovite is protective against non-steroidal anti-inflammatory drug-induced small bowel injury

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Name of Journal: *World Journal of Gastroenterology*

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) (To reviewer 02441480) The reviewer advised to indicate the comparison of the prevention of conventional NSAIDs and COX-2 inhibitor. In fact, the COX-2 inhibitor celecoxib effectively reduced both the number of mucosal breaks per subject and the percentage of subjects with at least one mucosal break. This comparison of the effect of conventional NSAIDs and COX-2 inhibitor in NSAID enteropathy have been down by Goldstein JL's team. (Goldstein JL, Eisen GM, Lewis B, Gralnek IM, Zlotnick S, Fort JG; Investigators. "Video capsule endoscopy to prospectively assess small bowel injury with celecoxib, naproxen plus omeprazole, and placebo". *Clinical Gastroenterology and Hepatology*. 3:133-141, 2005. PMID:15704047). However, due to the limitation of COX-2 inhibitors may cause an increased risk for cardiovascular events, many physicians have turn back to prescribe conventional NSAIDs more frequently. (Innala L, Möller B, Ljung L, Magnusson S, Smedby T, Södergren A, Öhman ML, Rantapää-Dahlqvist S, Wälberg-Jonsson S. "Cardiovascular events in early RA are a result of inflammatory burden and traditional risk factors: a five year prospective study." *Arthritis Res Ther*. 2011 Aug 15;13(4):R131. doi: 10.1186/ar3442. Peters MJ, van Halm VP, Voskuyl AE, Smulders YM, Boers M, Lems WF, Visser M, Stehouwer CD, Dekker JM, Nijpels G, Heine R, Dijkmans BA, Nurmohamed MT. "Does rheumatoid arthritis equal diabetes mellitus as an independent risk factor for cardiovascular disease? A prospective study." *Arthritis Rheum*. 2009;61:1571-1579. doi: 10.1002/art.24836) That's why we design this trail, to provide insight into the administration of traditional Chinese medicine (muscovite) on small bowel health.

(2) (To reviewer 00227406) The reviewer propose the wonder of whether the preparation before CE examination was excellent in all. Because of the existence of individual differences, I could not guarantee all preparations were excellent enough, but what I can do is being strictly enough in accordance with the standard procedures. All the subjects received a 12-hour fast, drinking 50% Magnesium sulfate 50 ml and 40 mg/ml simethicone 30 ml, respectively 10 h and 15 min before the CE examination. In addition, All video images were independently analyzed for GI pathology by two technical reviewers per video and two endoscopists. If the image failure to traverse the full length of the small intestine, the person will be rejected.

(3) (To reviewer 02725329) Firstly, the main outcome measurements in our trail were consist of three parts: the percentage of subjects with mucosal breaks, the severity of injury and the mean number of mucosal breaks per subject. Due to the limitation of the words number, I could not show all parts in abstract section. But, all of them were discussed in details in result section. Secondly, the reason for why the statistically significant difference in the distribution of small intestinal mucosal breaks seen only in the NSAID control group, possibly because of the total number of small bowel mucosal breaks in the NSAID-muscovite group was much fewer

Thidly, denuded area and lymphangiectasis are not characteristic change without diagnostic significance in NSAID enteropathy. But they are morphological change, which happened during the treatment of diclofenac administration, may help us to know more about the disease.

3 References and typesetting were corrected

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

Sincerely yours,

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