

Paris , 2014-04-06

Dear Editor

Please find enclosed the edited manuscript in Word format 8376-review.doc

Title : **Recto-sigmoid endoscopic-ultrasonography in the staging of deep infiltrating endometriosis.**

Author: Gilles ROSEAU

Name of journal: World Journal of Gastrointestinal Endoscopy.

ESPS Manuscript N° 8376

The manuscript has been changed. Title has been modified (less than 12 words), and references have been corrected. It has also been improved according to the suggestion of the 2 reviewers:

We took into account remarks from reviewer n°1, and most of all, we decided according to comments from reviewer n° 2, to re-wrote our paper as a "mini-review" about the role of endoscopic ultrasonography in the staging of deep infiltrating endometriosis; the title has been changed into **Recto-sigmoid endoscopic-ultrasonography , in the staging of deep infiltrating endometriosis.**

The running title could be : *Roseau G . Rectosigmoid endometriosis and endoscopic- ultrasonography.*

For references, we add PMID roots and DOI citation. For our 1993's early paper we provide the front page (ref 19 roseau 1993) and the ISSN 0047-6412 *attached document 1. htm*

**As advised by Reviewer n°1:**

1/ we corrected:

- Sigmoid and MHz, all along the text

- Abbreviations in table 5 (*new table 4*): capital letters with the same style than in the rest of the manuscript have been used.

- Figures , particularly fig 1 have been modified with addition of photographs, and in arrows have been used to indicate lesions and structures when necessary.

2/ in the text and in table 3 (*new table 2*), we have clarified that surgical exploration with histological exam of operative specimen was the gold standard to appreciate statistical performances of MRI and rectal endosonography.

**As a response to reviewer n°2:**

We have accepted that a methodology based only on our own experience was a significant limitation and agreed with the need of major changes. Therefore, we decided that this brief article could be a kind of specific mini-review based on “recto-sigmoid endometriosis and endoscopic endosonography”. Such a focusing allowed us to undertake an exhaustive review of this specialized technique through the literature and to search for comparisons with other close imaging techniques (*blind endo-sonography, MRI and the more recent trans-vaginal sonography*).

As advised, we got rid of most cases series, particularly those about irrelevant Fine needle endoscopic ultrasonography, and limited our search to studies comparing techniques to one another. In the tables presented we have included citations and tried to obtain through full text articles the missing information; this was possible in table 2, for the paper of Bazot et al, but in table 1 neither Dumontier et al nor Thomassin et al respectively calculated ppv and npv, and specificity and npv.

Finally, the figure 1 has been completed and maintained, as it clearly shows the good definition of ultrasound with high frequencies from 5 to 12 MHz, and in the text, we avoid to use “digestive endometriosis”. We found actually, in Zwas and Lyon paper (ref 3), that the correct term that was “endometriosis of the digestive tract” and of course we limited our subject and the discussion to the most frequent location: recto-sigmoid endometriosis.

Only few studies were found strictly devoted to the subject and the number of patients included in each of them, indeed is quite limited. For this reason, we must admit that it is still difficult to make precise recommendations for clinicians, but we wished to draw attention on an available new technique, widely used in gastroenterology, that could also be useful in the field of gynecology particularly for deep infiltrating endometriosis.

Thank you again for reviewing this corrected manuscript

Best regards

Gilles ROSEAU

30 rue d'Astorg 75008 PARIS

FRANCE *EU*

Fax : 00 33 1 42 66 36 81

Email : [gilles.roseau@free.fr](mailto:gilles.roseau@free.fr)

**Core tip** : Pelvic deep infiltrating endometriosis is a disease with increasing incidence rate , and new treatment schedules are proposed in the management of pain and infertility. In order to optimize treatment choices, a very precise anatomic evaluation is always required. Many imaging techniques are available today, either competitive or additive (ultrasound and MRI ), and they have to be studied in this indication. Endoscopic ultrasonography is routinely performed in few centers, in the staging of deep infiltrating endometriosis, particularly to image recto-sigmoid locations. In France this indication has already been presented in different endoscopic and endoscopic ultra-sonographic national societies. However specific studies are still sparse, and this led us to write the present paper as a mini-review about endoscopic ultrasonography and recto-sigmoid infiltrating pelvic endometriosis.