

Reviewer 1:

An exhaustive work. Despite the matters are blurred, the discussion is meticulous and convincing. Perhaps the authors could have the text seen by a native English-speaking MD, to render the style more compact and efficacious.

Answer

We thank the reviewer for the kind comment. A linguistic revision by a native English speaker has been performed in revised manuscript.

Reviewer 2:

None

Answer

We thank the reviewer for no objection raising.

Reviewer 3:

Very good mini-review, well written. In THERAPEUTIC ANALOGIES section the authors could add data with Ustekinumab (a biologic that selectively targets IL-12 and IL-23) use in HS.

Answer

In the “Therapeutic analogies” section, a supplementary paragraph discussing the role of Ustekinumab in both IBD and HS has been enclosed.

In detail, we reported that Ustekinumab is a monoclonal antibody that selectively targets IL-12 and IL-23, which has been proposed for both IBD and HS treatment. In a setting of 17 HS patients, ustekinumab allowed, after 40 weeks, a moderate improvement in the 82% and a complete clinical response in the 47% of cases (Blok JL, Li K, Brodmerkel C, Horvátovich P, Jonkman MF, Horváth B. Ustekinumab in hidradenitis suppurativa: clinical results and a search for potential biomarkers in serum. Br J Dermatol 2015 Dec 7.

doi: 10.1111/bjd.14338. [Epub ahead of print] PMID: 26641739). A similar success rate, ranging from 46 to 65%, has been found in patients affected by CD who did not benefit from other anti-TNF alpha biologic agents (Harris KA, Horst S, Gadani A, Nohl A, Annis K, Duley C, Beaulieu D, Ghazi L, Schwartz DA. Patients with Refractory Crohn's Disease Successfully Treated with Ustekinumab. *Inflamm Bowel Dis* 2016;22(2):397-401. doi: 10.1097/MIB.0000000000000624. PMID: 26752468; Wils P, Bouhnik Y, Michetti P, Flourie B, Brixi H, Bourrier A, Allez M, Duclos B, Grimaud JC, Buisson A, Amiot A, Fumery M, Roblin X, Peyrin-Biroulet L, Filippi J, Bouguen G, Abitbol V, Coffin B, Simon M, Laharie D, Pariente B. Subcutaneous Ustekinumab Provides Clinical Benefit for Two-Thirds of Patients With Crohn's Disease Refractory to Anti-Tumor Necrosis Factor Agents. *Clin Gastroenterol Hepatol* 2016;14(2):242-250.e2. doi: 10.1016/j.cgh.2015.09.018. PMID: 26432476)

Reviewer 4:

The article is well written and well supported by large number of references. My only recommendation for the sake of those readers of the journal who are general gastroenterologists rather than IBDOLOGISTS, if authors would consider a recommendation that such practicing gastroenterologists make a habit or routine to ask for and if needed do a local examination since, if diagnosis made or picked up earlier is so much easier to treat otherwise carries a lot of morbidity and requirement of potent potentially toxic drugs. Other than the manuscript is fine for publication. I leave this to the discretion of the editor and authors

Answer

We believe that the comment of the referee is extremely interesting. Indeed, despite the association between HS and IBD has been under-evaluated up to now, our pooled results show that the mean prevalence of HS in IBD is 12.8%, with a peak for CD (17.3%).



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

Therefore, an existing link between these two conditions may be argued. On these bases, a careful skin examination should be routinely performed in IBD patients, since the association CD-HS may be very disabling. Therefore, an early detection of HS in IBD could prevent the worsening skin lesions, thus avoiding the need of some toxic medications.