ANSWERS TO REVIEWERS

We would like to thank the Reviewer for their interest in our work and for helpful comments and suggestions that will improve the manuscript. We tried to do our best to respond to the points raised.

As indicated below, we have checked all the general and specific comments provided by the Reviewer and have made necessary changes accordingly to their indications. Original Reviewer comments in italic face, responses in regular face.

1. *According to the contents of the article, the title of the article was recommended to : " The analysis of risk factor of postoperative relapse in CD".*

Thank you for the Reviewer comment. We partially agree with the reviewer, but we want to highlight the plexitis and its association with postoperative relapse with the title, therefore we would like to offer: „Analysis of risk factors - especially different types of plexitis - for postoperative relapse in CD"

2. *"No association was revealed between postoperative recurrence and postoperative prophylactic treatment", this formulation may be wrong. Because 43.2% of the patients were treated by 5- aminosalicylate, and this effect of 5- aminosalicylate on the treatment of CD was poor. Therefore, how many patients with postoperative recurrence should be used 5-aminosalicylate to prevent postoperative recurrence? This should be accountable.*

Thank you for the Reviewer's suggestion. Statistically we could not find any association between the 5-aminosalicylate treatment and the relapse or not of Crohn's disease. 5-aminosalicylic acid has been extensively studied in postoperative management of CD. The current evidence seems to indicate that 5-ASA is generally safe in postoperative CD prophylaxis, even if it seems to provide, at best, only a small reduction in clinical and endoscopic recurrence (Cho SM, Cho SW, Regueiro M. Postoperative management of crohn disease. Gastroenterol Clin North Am. 2009;38:753–762.). We have decided to expand literature data for more precise overview of 5-ASA therapy in postoperative management of CD.

The new paragraph is:

5-aminosalicylic acid (5-ASA) has been extensively studied in postoperative management of CD. ~~Several randomized controlled trials have demonstrated that 5-ASA is effective in reducing the frequency of postoperative recurrence~~ Studies showed that administration of oral mesalazine soon after surgery is effective in preventing postoperative endoscopic recurrence in CD over a 2-year period[22] and can decrease the rate and severity of endoscopic recurrences [23]. In a meta-analysis therapy with 5-ASA significantly reduced the risk of symptomatic relapse[24]. In a prospective, open-label randomized study azathioprine was more effective then mesalazine in preventing clinical relapse in patients with previous intestinal resections[25]. These studies suggest that 5-ASA is safe in postoperative CD prophylaxis, even if it seem t o provide only a small reduction in clinical and endoscopic recurrence [26]

3. *Did the "submucosal plexitis" occur at the lesion site or normal site? If the submucosal plexitis with lymphocytes in the proximal resection margin was at the normal site, so should supplement the data of submucosal plexitis in the lesion site, and to compare the relationship between the two aspects.*

Based on the results of Bressenet et al's work we analysed the proximal resection margin of CD-related resections. Histological examinations focused on the proximal resection margin. Myenteric and submucosus plexus were assessed independently. Plexitis was evaluated based on the appearance of the most severely inflamed ganglion or nerve bundle. We did not differentiate sample's „lesion site" or „normal site". CD's operative management is reserved for individuals who fail medical treatment or develop potentially life-threatening complications. According to the latest studies the presence of residual microscopic Crohn's disease at the resection margins does not increase recurrence rates significantly, compared with normal margins, and extended resection margins confer no advantage to patients in reducing cumulative recurrence rates. Therefore, most surgeons favour conservative resection margins dividing the intestine approximately 2 to 5 cm proximal to overt disease (grade B and C) (Strong SA. Surgical management of Crohn's disease. In: Holzheimer RG, Mannick JA, editors. Surgical Treatment: Evidence-Based and Problem-Oriented. Munich: Zuckschwerdt; 2001).