

July 26, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11264 manuscript edited.doc).

Title: Surgical Management of Colonic Perforation due to Ulcerative Colitis During Pregnancy: Report of a Case.

Authors: Douglas Overbey MD, Henry Govekar MD, Csaba Gajdos MD

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 11264

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

1 Format has been updated according to flagged suggestions.

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

(1) Agree with rectal surveillance, added to the discussion. Cecum was resected with the ascending colon, and the sigmoid colon (subtotal colectomy) this was clarified in the article.

(2) Agree with failure of medical management, added to the indications. As noted in the discussion, interpretation of the limited literature yields a mixed review with high morbidity associated with early surgical management that has now transitioned to improved results with more recent cases, congruent with the described case. The tendency to underreport bad outcomes is true although the originally described fetal mortality of 49% is high. We clarified that this was her first pregnancy in the text, and she was uncertain about desire for future pregnancies but wanted to keep options open, consistent with her young age. As noted multi-disciplinary discussions included her obstetrician. The stricture appeared benign on colonoscopy, and repeat attempts of biopsy were not performed due to good sampling of tissue and progression toward resection. Malignancy was a significant concern as noted in the discussion. She had not been on any additional biologic coverage prior to her pregnancy because she was interpreted to be under reasonable control with the first line agents until this workup proved otherwise. CT scan was utilized instead of MRI due to superior evaluation of the bowel wall and evaluation for abscess, radiation exposure was considered and planned accordingly to minimize exposure. On pathology the chronic colitis included the transverse and sigmoid colon, this was clarified in the text. Future pregnancy rates were not discussed in the text as there is no literature specific to the post-operative patient. Generic discussion regarding IBD and pregnancy is discussed in the introduction. Agree that it would have been more optimal to treat the stricture prior to pregnancy, but at the most recent evaluation it was viewed to be patent as noted and thus surgical referral was not pursued. Of note, the University of Colorado Hospital was not involved with this patients care until she presented to our institution with contained colonic perforation and stricture.

(3) Her eventual birth was a vaginal delivery. We updated the references to include PMID numbers.

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Douglas Overbey'.

Douglas Overbey, MD

University of Colorado Hospital

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