

August 25, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format.

**Name of journal: World Journal of Gastroenterology**

**ESPS Manuscript NO: 11722**

**Columns: Systematic review**

**Giant colonic diverticulum: clinical presentation, diagnosis, and treatment. Systematic review of 166 cases**

**Giuseppe Nigri, Niccolò Petrucciani, Giulia Giannini, Paolo Aurello, Paolo Magistri, Marcello Gasparrini, Giovanni Ramacciato**

*To the Editorial Office of  
World Journal of Gastroenterology*

*The revised manuscript, reviewed accordingly to the reviewers' comments, has been copyedited by  
American Journal Experts*

**Response to reviewers' comments:**

**Reviewer 02945445**

Thank you very much for your comments. We modified the article according to your suggestions:

- 1) Spell errors were corrected
- 2) We added information on the possible etiology for type 3 diverticula: *"Type 3 diverticula most likely have a congenital origin. The etiology of the true giant diverticulum is possibly related to anomalous embryologic development and is sometimes referred to as a congenital diverticulum."*
- 3) In the treatment paragraph, we refer the reader to Table 3 for the other 20% of cases, as you suggested, adding the sentence: *"Treatment of the remaining cases is reported in Table 3."*
- 4) Unfortunately, only a few papers report data on long term results, with maximum follow up of a few months, and generally no recurrences. Only one case of recurrent GCD is reported in the literature, occurring after a diverticulectomy (ref 45 of the article). No recurrences are reported after colectomy and en bloc diverticulectomy and we may hypothesize that surgical resection of the diverticulum en bloc with the colic segment guarantees excellent long term results. We added information on recurrence in the Results section of the article.

**Reviewer 00503612**

Thank you for your comments and observations. We modified the article according to your suggestions:

- 1) Language and spelling were revised and corrected
- 2) We believe that an updated and complete review is needed to clarify and summarize current knowledge on this subject. Information at this time is fragmented and available only from case reports or small series, and the published systematic reviews are not recent. Furthermore, changes in diagnosis and treatment of GCD occurred in the last years, such as the widespread use of computed tomography for diagnosis of GCD and the diminution of use of barium enema and the emerging role of laparoscopic surgery with first cases treated by laparoscopic sigmoidectomy, and these need to be highlighted. For these reasons we think that a

comprehensive review may provide useful, relevant, and updated information, to help clinicians in diagnosis and treatment of this rare disease. Furthermore, in this review a subgroup analysis of the last five years was conducted, to analyze current trends and emerging possibilities in treatment of this disease. We added a paragraph in the Introduction section to explain why an additional updated review is nowadays useful.

- 3) Thank you for this observation. Perforation was observed in 44 out of 166 patients (26.5%). We added this finding to the Results section of the article. Perforation is not among the clinical symptoms because we did not consider it as a symptom but perforated patients are in the majority of cases a subgroup of patients presenting with abdominal pain or fever. Perforation is a complication that may occur when a giant colonic diverticulum is not treated. The majority of patients presenting with perforation did not know to have a GCD and had perforation as the first acute symptom leading to diagnosis.

**Reviewer 00055308**

Thank you for your observations. We modified the article according to your suggestions:

- English revision was done. The reviewed article has been copyedited by American Journal Experts
- References section was improved as suggested

**Reviewer 00071779**

Thank you for your comment. As showed above, we modified the article. We believe that it can well summarize the published literature on the subject, and that it can be useful to clinicians and surgeons.

**Reviewer 02823396**

Thank you very much for your observations and comments.

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

Sincerely yours,

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