October 10, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13326-Reviewed.docx).

Title: Recurrent intussusception as initial manifestation of primary intestinal melanoma: case report and literature review

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13326

The manuscript has been improved according to the suggestions of all the reviewers.

1 Format has been updated, the manuscript was edited by AMEditor. The edit has achieved Grade A: priority publishing; no language polishing required after editing, a Line Editing Certificate has been issued.

2 Revision has been made according to the suggestions of all the reviewers. To the reviewers' comments we would like to reply:

- To **Reviewer No 01220166**,

Thank you for your kind remarks. To the comments we would like to reply:

1. Although metastatic malignant melanoma to the GI tract has a very poor overall prognosis, a complete surgical resection of the gastrointestinal lesions is associated with a higher 5-year survival rate (Ollila, Essner, Wanek, & Morton, 1996; Wade, Goodwin, Countryman, & Johnson, 1995). Especially in cases of primary intestinal melanoma a complete resection of all intestinal lesions has been reported to be curative (Atmatzidis, Pavlidis, Papaziogas, & Papaziogas, 2002; Avital, Romaguera, Sands, Marchetti, & Hellinger, 2004; Resta et al., 2007; Sachs, Lowe, Chang, Carson, & Johnson, 1999). Additionally, many authors encourage an aggressive palliative surgical treatment in young patients with good performance status, as prolonged periods of palliation can be achieved (Jorge, Harvey, Simmonds, Lipton, & Joehl, 1984; Ollila et al., 1996; Shenoy & Cassim, n.d.). In our case the initial indication for the second surgical intervention was to achieve a complete resection. Intraoperatively we found out that this was unfortunately not possible, so we operated with a palliative intention and resected the lesions most likely to cause another intussusception.
2. We considered the idea of including a table with all the reported cases, however we decided not to, since all cases are mentioned and commented in the discussion and an extra table would be an unnecessary repetition.

3. The aim of our manuscript is not only to report a case, but to review the current literature as well. This review is incorporated in the discussion, thus making it appear longer. We would like to assure you that we only included and commented on relevant reports and studies and we tried to avoid any repetitions and irrelevant citations. Our conclusions summarize our findings. We tried to format them so that each sentence includes only one point and to avoid unnecessary additional information. A numbered list of conclusions may be more direct; however, such a format is unusual in reviews and is mostly used in original studies.
4. We revised our manuscript and defined all abbreviations at first appearance.
5. We adopted the suggested changes in figure legend of Figure 1.

- To **Reviewer No 02732513**,
Thank you for your kind remarks. We are glad that our manuscript met your approval.

- To **Reviewer No 02941346**,
Thank you for your review and your comments. To those comments we would like to answer the following:

1. Intraoperatively we had no clue of what the tumors could be. The first operation was performed at night due to the emergency indication. At that time we didn't have the option of a frozen section out of technical reasons. If a frozen section was possible, it would be interesting to know intraoperatively, but it wouldn't have changed anything in the course of the operation, since we wouldn't perform any extended resection without a complete staging.
2. Unfortunately there are neither intraoperative images nor macroscopic images of the specimen.

3 References and typesetting were corrected

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

Sincerely yours,

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