**ANSWERS TO REVIEWERS**

March 17, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1434-review.doc).

**Title:** Current status of surgical treatment for fulminant Clostridium difficile colitis

**Author:** Andrew Joseph Klobuka, Alexey Markelov

**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 1434

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

1 Format has been updated

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

**00505501:**

* Several recent articles have compiled laboratory, radiologic, and clinical findings associated with the need for surgical consultation and operative management in patients with established severe *Clostridium difficile* infection and their results are summarized in Table 2. These laboratory, radiologic, and clinical parameters represent the highest common factors from our source articles which were themselves drawn from a variety of disparate individual studies. The stated parameters were shown in our source material to demonstrate an association with unfavorable outcomes defined as need for emergent operative intervention and/or *Clostridium difficile*-associated mortality.

00004485:

* According to a meta-analysis of outcomes following emergency surgery for Clostridium difficile colitis by Bhangu et. al which encompasses the source material for our included reviews, the most statistically significant (P<0.001) pre-operative physiological indicators predictive of post-operative mortality are shock requiring the use of vasopressors, odds ratio (OR) 3.80, preoperative intubation, OR 6.31 , acute renal failure, OR 5.68, and multi-system organ failure, OR 5.56 [16]. Of the signs of fulminant CDAD and indications for surgical management identified in Table 3, age >75, OR 2.29 and any elevation of white blood cell count above normal limits, OR 8.01 were found to have a weaker association with post-operative mortality (P<0.01) [16]. Our remaining summary indicators were either not included or unable to be incorporated into this meta-analysis, and odds ratios and relative risks were therefore unavailable given the nature of the retrospective review data. It should be reiterated that within the literature, indications for operative management in cases of fulminant CDAD are unsupported by level I evidence and thus the current recommendations including our own summary are supported only by clinical experience.
* CDI and CDAD have been properly defined in Tables 1 and 2.
* While the newer treatment technique of stool transplant is currently being studied to establish its role in management of Clostridium difficile infection, studies to date have focused on those patients suffering from recurrent C. difficile infection and have not addressed the issue of a role for patients with fulminant CDAD. Further studies in this area are needed. The 50-70% mortality for severe CDI is still true to our knowledge.

02445553:

* PubMed is the international pre-eminent and thus primary database used. Materials and Methods updated to more clearly reflect our selection criteria. Author’s judgment was exercised in this matter given the nature of a review article.
* Results/Discussion shortened and Pathogenesis section added for appropriate topic placement
* Legend to Table 1 explained
* We believe our article concisely summarizes in a central location the whole of current indications for surgical management of patients with fulminant CDI.

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3 References and typesetting were corrected

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

Sincerely yours,

Andrew Joseph Klobuka

Alexey Markelov

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