Format for ANSWERING REVIEWERS

November 13, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2014_11_13_revision).

Management of post-gastrectomy anastomosis site obstruction with a self-expandable metallic stent

Ra Ri Cha, Sang-Ho Jeong, Sang Soo Lee, Hyunjin Kim, Hong Jun Kim, Tae-Hyo Kim,

Woon Tae Jung, Ok Jae Lee, Kyung Soo Bae, Chang Yoon Ha

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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 reviewer

The authors Cha et al. reported a rare case of a successful management for post-gastrectomy anastomosis site obstruction with temporary placement of self-expandable metallic stent. The topic is interesting and this procedure could be an effective treatment for older patients who suffered anastomosis site obstruction after gastrointestinal anastomosis but not be suitable for reoperation. I would offer the following comments:

① The authors reported that you diagnosed anastomosis site stricture of gastrojejunostomy. However, in the discussion part, you mentioned that in this case, you treated a patient with efferent loop obstruction caused by benign stricture with a SEMS. There was a difference in the definition between anastomosis site stricture and efferent loop obstruction. The diagnosis should be consistent.

Reply) This change has been made.

In this case, we treated a patient with anastomosis site stricture in efferent loop obstruction caused by

benign stricture with a SEMS. (Page 4, discussion)

② There are two mechanical problems of post gastric surgery complications, leakage and obstruction. Will treating anastomosis site obstruction with temporary placement of SEMS increase the risk of anastomotic leakage after gastrojejunostomy?

Reply) It is possible that the risk of anastomosis leakage increases with a SEMS inserted in a GJ stricture. We insert the SEM because we determined that our case was obstruction by torsion of the E loop, instead of by pure anastomosis site stricture.

Additionally, it is possible that the risk of anastomosis leakage at the anastomosis site increases by insertion of a SEMS. This procedure should be performed in selected cases, in which the obstruction results from torsion rather than in cases of pure anastomosis site stricture. (Discussion, page 4)

③ In this case report, the SEMS was removed one year later. The authors should present some data to contrast the anastomosis site or the passage between SEMS insertion and SEMS removal.

Reply) I added a figure regarding the UGIS results after the SEM removal. (Fig. 4)

④ The authors used the word “post-gastrectomy”. However, the surgery was reported as “truncal vagotomy, omental patch, gastrojejunostomy and small size Braun anastomosis”. The type of surgery and Figure 1 should be more comprehensible for this issue.

Reply) We changed figure 1.

⑤ The authors should give more information about the patients (e.g. blood pressure, emergency surgery or elective surgery and bilious vomiting or not on 10th day post-gastrectomy).

Reply) We added the following information:

The serum glucose was 222 mg/dL (normal range: 70-110 mg/dL), and the levels of total protein, albumin, and C-reactive protein were 5.5 g/dL (6.4-8.3 g/dL), 3.0 g/dL (3.4-4.8 g/dL), and 242 mg/L (0-5 mg/L), respectively; there were no remarkable abnormalities in the other biochemical tests including the renal and hepatic function tests. The abdominal computed tomography scans demonstrated fluid collection and pneumoperitoneum around the pylorus. The patient underwent emergency operation (a truncal vagotomy, omental patch, gastrojejunostomy and small size Braun anastomosis) for the duodenal ulcer perforation and gastric outlet obstruction (Fig 1). After the 5th postoperative day, he began to eat. However, after the 10th postoperative day, he complained of abdominal discomfort and vomiting without bilious. (Case report, page 3)

⑥ There are several grammatical errors in this manuscript.

Reply) we edited grammatical errors by America journal experts.

3. References and type setting were corrected

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

Chang Yoon Ha, MD

Department of Gastroenterology, Gyeongsang National University Hospital, 79 Gangnam-ro, Jinju-si, Gyeongsangnam-do, South Korea.

Email: Cyha@gnu.ac.kr

Telephone: +82-55-750-8057 Fax:+82-55-758-9122