

## Format for ANSWERING REVIEWERS



April 28, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17387 Zezos P Saibil F revised.doc).

**Title: Inflammatory Pouch Disease: The Spectrum of Pouchitis**

**Author:** Petros Zezos, Fred Saibil

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

**ESPS Manuscript NO:** 17387

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

### Reviewer 1 (#1543993)

**R1:** There have been several published papers about the pouchitis-primary or secondary. I recommend the authors to better describe for etiology and pathogenesis of pouchitis.

A1: This is an *invited* editorial. The purpose of the editorial is to emphasize the spectrum of pouchitis (idiopathic and secondary causes). Correct diagnosis of the pouchitis type is vital for its appropriate management. Interested readers can expand their knowledge in any aspect of pouchitis by referring to the referenced reviews and studies, cited in this editorial.

**R2:** And, if the figures of pathology for specific pathogen (eg. CMV, candida) are added, it will be more helpful to understand the difference of each pouchitis.

A2: Unfortunately, we have no cases with CMV- or Candida- related pouchitis. The readers can refer to the review by Navaneethan and Shen (Navaneethan U, Shen B. Secondary pouchitis: those with identifiable etiopathogenetic or triggering factors. *Am J Gastroenterol* 2010; 105: 51-64).

**R3:** I think the quality of the pictures of endoscopy is rather poor. Please consider to change the images (Figure 3,4,5) with higher quality.

A3: The figures are coming from our patients with pouchitis and have been scanned with a resolution at 300 dpi. That's the best we can do. The resolution is excellent on our computers. We will send the originally scanned images to the editor.

### Reviewer 2 (#3252259)

**R1:** Page 8, Candidal pouchitis. The authors state that clotrimazole has been shown to benefit patients with refractory pouchitis who failed standard antibiotic therapy. I believe this might be overstated and am not aware of a completed clinical trial of this treatment. May soften the language and would also add a reference to the Shen and Navaneethan review from 2010 for this paragraph.

A1: Reference has been corrected. We agree that there is not any trial published yet. This is an anecdotal statement by Navaneethan and Shen in the reference mentioned by the reviewer (Navaneethan U, Shen

B. Secondary pouchitis: those with identifiable etiopathogenetic or triggering factors. *Am J Gastroenterol* 2010; 105: 51-64). The authors state that there is "an ongoing randomized controlled trial to study the effectiveness and safety of topical clotrimazole enema in pediatric and adult patients with pouchitis (<http://clinicaltrials.gov/ct2/show/NCT00061282>)", which has not yet been completed. We added this information in the manuscript (highlighted).

**R2: Page 8, CMV pouchitis. Would omit the sentence "management should reflect current practice". The discussion of management should be reserved for the management section.**

A2: The sentence "management should reflect current practice" has been omitted (highlighted).

**R3: Page 10, last sentence in section on autoimmune pouchitis: Would eliminate last sentence: "Management includes immunosuppressive therapies...". Reserve this for management section.**

A3: The above sentence has been omitted (highlighted).

**R4: I would omit the section on Collagenous pouchitis. This is an isolated case report involving a patient who had collagenous colitis undergoing colectomy. I do not feel this is relevant to the pouch population as collagenous colitis is not an indication for IPAA.**

A4: The paragraph referring to "Collagenous colitis" has been omitted (highlighted).

**R5: Page 13, 5<sup>th</sup> paragraph: NSAID-induced ileitis, CD ileitis, and immune-related ileitis. Immune is continuous. Please insert word ileitis in this sentence. "Immune ileitis is continuous".**

A5: Corrected by adding the word "ileitis" (highlighted).

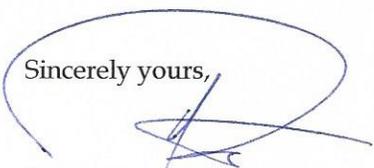
**Reviewer 3 (#43256)**

No suggestions have been proposed.

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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