

June 20, 2015

Dear Editor

Please find enclosed the edited manuscript in Word format (file name 18889revisedPR.doc)

The manuscript has been improved according to your suggestions:

Name of journal: World Journal of Gastroenterology

Manuscript NO.: 18889

Column: Topic Highlights

Title: Endoscopic management of gastrointestinal perforations, leaks and fistulas

Authors: Pawel Rogalski, Jaroslaw Daniluk, Andrzej Artur Baniukiewicz, Eugeniusz Wroblewski and Andrzej Dabrowski

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Scientific Editor: Ya-Juan Ma

Comment 1.

A short running title of less than 6 words should be provided

This part has been modified according to this commentaire.

Running title

Endoscopic management of GI wall defects

Comment 2.

Author names should be given first, then the complete name of institution, city, province and postcode.

This part has been modified according to this commentaire.

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Comment 3.

The format of this section should be like this:

This part has been modified according to this commentaire.

Author contributions:

Pawel Rogalski, Jaroslaw Daniluk, Andrzej Baniukiewicz, Eugeniusz Wroblewski, Andrzej Dabrowski contributed equally to this work. Pawel Rogalski, Jaroslaw Daniluk, Andrzej Baniukiewicz, Eugeniusz Wroblewski, Andrzej Dabrowski wrote the paper.

Comment 4.

Please add these content, which must be provided, otherwise the manuscript will be unaccepted finally.

This part has been modified according to this commentaire.

Conflict-of-interest:

Pawel Rogalski, Jaroslaw Daniluk, Andrzej Baniukiewicz, Eugeniusz Wroblewski, Andrzej Dabrowski declare no conflict of interest.

Comment 5.

Only one corresponding address should be provided. Author names should be given first, then author title, affiliation, the complete name of institution, city, postcode, province, country, and email. Thank you!

This part has been modified according to this commentaire.

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Comment 6.

Telephone and fax should consist of +, country number, district number and telephone or fax number, e.g. Telephone: +86-10-59080039, Fax: +86-10-59080039.

This part has been modified according to this commentaire.

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Comment 7.

Please list 5 – 10 keywords for each paper, which reflect the content of the study and are selected mainly from the Index Medicus. Each keyword is to be separated by a semicolon.

This part has been modified according to this commentaire.

Key words:

endoscopic, management, perforation, leak, fistula, stent, clips

Comment 8.

Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study.

A summary has been included.

Core tip:

Most gastrointestinal perforations, leaks and fistulas can be treated by means of endoscopy with satisfactory effects. The efficacy of endoscopic therapy depends on several factors. Currently there are available many endoscopic tools for effective closing of gastrointestinal wall defects. In this review we summarized the basic principles of the management of acute iatrogenic perforations as well as postoperative leaks and chronic fistulas of gastrointestinal tract. We also described effectiveness of various endoscopic methods based on the results of current research and our experience.

Comment 9.

Please read the core tip then provide the audio core tip: **Acceptable file formats:** .mp3, .wav, or .aiff **Maximum file size:** 10 MB To achieve the best quality, don't allow to have the noise.

The audio file has been provided (Coretip18889.mp3).

Audio Core Tip

Comment 10.

Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI. PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) DOI (<http://www.crossref.org/SimpleTextQuery/>)

This part has been modified according to this commentaire.

Significantly higher risk is associated with interventional endoscopy.^[1]

Comment 11.

Table: No parts. Make Table 1A and Table 1B into Tables 1 and 2, or combine into one table. o graphics, boxes, or embedded tables. Please provide Word (preferred), Excel format. Tables must be primarily cell-based and fully editable.

There is no need to make changes (?).

Table 1. Clinical presentation and preferred endoscopic management according to site of perforation.^[1, 48, 49]

Comment 12.

REFERENCES

This part has been modified according to this commentaire.

In addition, the manuscript has been improved according to the suggestions of reviewers:

Reviewer number 00159592

In the first paragraph under subheading Gastrointestinal perforations, line 5, appropriate qualification of the patient? Do the authors meant to say appropriate qualification of the doctor??

We meant to say “appropriate qualification of the patient”. Some patients can immediately qualify for surgery, and an attempt to close the perforation by means of endoscopy unnecessarily delay effective treatment.

The paragraph has been changed as suggested by reviewer.

“The key to successful treatment is early recognition of the perforation, correctly assigning the patient to endoscopic or surgical management and adequate treatment of life-threatening complications.”

The fifth paragraph under subheading Gastrointestinal perforations "The most common complications of the gastrointestinal tract perforations are abdominal compartment syndrome, tension pneumothorax, tension pneumoperitoneum, subcutaneous emphysema and peritonitis". Most serious but not most common

The paragraph has been changed as suggested by reviewer.

“The most serious complications of the gastrointestinal tract perforations are abdominal compartment syndrome, tension pneumothorax, tension pneumoperitoneum, subcutaneous emphysema and peritonitis”

The manuscript was edited to improve diction, phrasing, grammar, and spelling by American Journal Experts.

Thank you very much for your detailed review, suggestions and comments. I hope that the revised version of our manuscript will be accepted for publication in the World Journal of Gastroenterology.

Best Regards

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