

## Format for ANSWERING REVIEWERS



August 8, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 19755- Revised manuscript.docx).

**Title: Lower gastrointestinal tract bleeding caused by dieulafoy-like lesion synchronous meckel diverticulum: A rare case report**

**Author:** Song-Hu Li, Guang-Yao Wu, Xiao-Dong Lin, Zong-Quan Wen, Mei-Ting Huang, Shao-Ping Yu, Hao Zhang

**Name of Journal:** *World Journal of Clinical Cases*

**ESPS Manuscript NO:**19755

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

- (1) This case is interesting. But you have to describe the significance of your case more as to be the unique one worth to be reported. And you must prepare the manuscript more structurally fitted to this Journal. Written English have many faults too. Major revision is required.

Thank you for your comment. Revisions of the manuscript had been made to fit the structurally of the journal and language revision was made too.

- (2) The authors aim to investigate the specific carbohydrate diet (SCD) as nutritional therapy for maintenance of remission in pediatric Crohn's disease (CD). This is a quite non-complicated study using retrospective chart review. The authors studied 11 pediatric patients with CD who initiated the SCD as therapy at time of diagnosis or flare. Two groups defined as SCD simple (diet alone, antibiotics or 5-ASA) or SCD with immunomodulators (corticosteroids and/or stable thiopurine dosing) were followed for one year and compared on disease characteristics, laboratory values and anthropometrics. Conclusions of the authors are that disease control may be attainable with the SCD in pediatric CD. Enteral nutrition is indeed effective for both induction and maintenance therapy for pediatric Crohn's disease. However, adherence to a formula-based diet can be very challenging for the family. It is important to emphasize that ethnics may play a major role in the acceptance of the diet. Some works have

already been published on SCD. In my opinion, ethnics and demographic data should be more discussed. Please more carefully Stewart's manuscript and more data coming from other articles (Stewart M, Day AS, Otley A. Physician attitudes and practices of enteral nutrition as primary treatment of paediatric Crohn disease in North America. *J Pediatr Gastroenterol Nutr.* 2011 Jan;52(1):38-42. doi: 10.1097/MPG.0b013e3181e2c724. PubMed PMID: 20975582.) In Stewart's article, surveys were completed by 326 of 1162 (30.7%) eligible North American Society for Paediatric Gastroenterology, Hepatology, and Nutrition members from North America (86% United States, 14% Canada). It has been noted that, anecdotally, their patients are attracted to the SCD versus enteral nutrition as it offers an opportunity to eat conventional palatable foods as their main caloric source, avoidance of tube feedings and a less disruptive social dynamic around meals. Is this a highly relevant topic? If it is decided affirmatively. This may be supported by more data in the literature. There may be psychological studies on Crohn's disease patients and this should be reported more extensively. Finally, the number of patients is very low and, in my opinion, is not good to use statistics more than descriptive functions for this manuscript.

Thank you for your comment. I am sorry that you may have made another manuscript's comment on mine.

3 References and typesetting were corrected

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

Sincerely yours,

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