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Column: Topic Highlights

Title: Review: Diet Therapy of Inflammatory Bowel Diseases: the Established and the New

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Reviewer code: 00033010 and 02441672

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Scientific editor: Ze-Mao Gong

Dear Editors:

Thank you for reviewing our article “Diet Therapy for Inflammatory Bowel Diseases: the Established and the New”.

Thank you for having allowed us to extend the previously suggested deadline for submission. We hope that you will find the manuscript useful for the journal.

Enclosed please find our amendments according to the reviewers’ suggestions:

Reviewer I:

- Despite the efficiency of nutritional therapy, pharmacological treatment plays the main role in IBD treatment. According to the current recommendations we add in our conclusion, that the mainstay of IBD therapy is pharmacological, especially in adults.
- 57% of patients with CD and 33% of patients with UC experience IBS-like symptoms. To point out the high prevalence of symptoms compatible with IBS, we cited the article of Soares RL. et al.
- The aryl hydrocarbon receptor (AhR) is highly expressed by intestinal intraepithelial lymphocytes and is involved in the defense against luminal attacks. It seems, that this receptor might be activated by nutrition. In the literature there are no clinical trials available, which evaluate the stimulating effect of foods on the AhR. The only published human study, is the trial of Monteleone I et al. showing a down-regulation of this in the intestinal inflamed tissue of patients with IBD.

Reviewer II:

- Dziechciarz et al. compared the outcome of enteral nutrition (EN) versus corticosteroids in children with Crohn’s disease. No significant difference between the two groups was detected. However, remission rates were higher in the subgroup with total EN compared to partial EN (10/24 vs. 4/26, RR 2.7, 95% CI 1 to 7.4)

- Concerning the use of medium chain triglycerides in enteral formula or via enema for proctitis in CED ,we are not aware of any publications on this topic.
- We add a short paragraph about fecal microbiota transplantation in the section about microbiota modulation. The role of the gut microbiota in inflammatory bowel disease has raised the interest in exchanging presumably abnormal microbiota in patients with IBD with fecal microbiota from healthy persons. However, the available evidence for this is still very weak. A recently published systematic literature review on the use of fecal microbiota transplantation (FMT) in inflammatory bowel disease (IBD) summarized 31 publications with 133 patients, 43% of whom had a Clostridium difficile infection. Improvement of symptoms was reported in 71% of patients with IBD. FMT may have the potential to be helpful in managing patients with IBD, but considerable further efforts are necessary to make this procedure a valid option for these subjects.
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English language editing was performed by Eugenia Lamont, who is a native english speaker who has worked for the National Library of Congress in Washington, D.C..

Kind regards

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