

Format for ANSWERING REVIEWERS

August 18, 2015

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 21337-Review.doc).

Title: Colovesical fistula caused by glucocorticoid therapy for IgG4-related intrapelvic mass

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Name of Journal: *World Journal of Clinical Cases*

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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

[Reviewer 1]

Very well written and supported by adequate figures

Response to the comments from reviewer 1:

We deeply appreciate your effort on reviewing and interest in our case report. We also believe this case worth being published as the rare case of the colovesical fistula caused by glucocorticoid therapy for IgG4-related disease.

[Reviewer 2]

Specific comments: 1. What do you mean the anatomical conditions of IgG4-related lesions? 2. How do you explain the relation between perforation and IgG4-RD? 3. What is an actual mechanism in perforation with reference to IgG4-RD? 4. What is the evidence that caused perforation in the present case?

Response to the comments from reviewer 2:

First of all, we thank your careful review of our manuscript and providing us beneficial comments.

1. What do you mean the anatomical conditions of IgG4-related lesions?

: We intend to mean the anatomical condition or site as the location of the mass lesion. We think this expression is inadequate to understand the situation. We have revised several sentences.

First, we have change the following text (Page 4, Line 15-18) from

“Clinicians must be watchful for the complications of responses to corticosteroids, such as perforations of the intrapelvic organs, and need to be aware of the anatomical conditions of IgG4-related lesions.”

to

“Clinicians must be watchful for the complications of responses to corticosteroids, such as fistulization, when the mass lesions of IgG4-RD are adjacent to multiple luminal organs.”

Secondly, we have change the following text (P10, L16-20) from

“In the present case, the risk factors that led to fistulization of the bladder and colon included anatomic site bridging over multiple luminal organs (colon and bladder), a widespread area affected by the stromal tissue, the level of inflammatory cell infiltration, and colonic diverticula.”

to

“In the present case, the mass lesion was adjacent to multiple luminal organs. This condition might be one of the risk factors that led to fistulization. A widespread area affected by the stromal tissue, the level of inflammatory cell infiltration, and colonic diverticula might be also the risk factors.”

Thirdly, we have change the following text (P11, L9-12) from

“An atypical anatomic site, a wide range of spread, and a coincidence of colonic diverticula may have caused this severe complication.”

to

“An intrapelvic mass adjacent to multiple luminal organs, a wide range of spread of the mass lesion and the good response to glucocorticoids may have caused this severe complication.”

2. How do you explain the relation between perforation and IgG4-RD?

: One month after the initiation of steroid therapy, computed tomography showed shrinkage of the intrapelvic mass lesion, as well as extraluminal air in the mass lesion and bladder. By the timing, shrinkage of the mass lesion, and the location of extraluminal air, steroid response is strongly suspected as a cause.

3. What is an actual mechanism in perforation with reference to IgG4-RD?

: It is difficult to answer this question. We speculate that the mechanism of this case is similar to the case of malignancy treated with chemotherapy or radiation therapy, as we described in the section of discussion (P10, L10-15).

4. What is the evidence that caused perforation in the present case?

: In this case, when fistulization was occurred, specimen was not resected. Therefore we have no pathological evidence that caused fistulization. However, the time course from the initiation of steroid therapy and computed tomography images that showed shrinkage of the mass lesion and

location of extraluminal air may be the evidence from the clinical points of view.

[Reviewer 3]

I read with great interest the manuscript entitled "A colovesical fistula caused by glucocorticoid therapy for IgG4-related intrapelvic mass" by Yabuuchi et al. The Case reported is interesting and well documented. The References are appropriate. Some orthographical and grammatical errors have been found throughout the manuscript. Minor comments: The Authors should explain in a few words the immunohistochemical procedure and report the antibody raised against IgG4 used. Furthermore the image 4 might be improved.

Response to the comments from reviewer 3:

We wish to express our strong appreciation to you for your comments on our paper. We feel the comments have helped us improve the paper.

1. The Authors should explain in a few words the immunohistochemical procedure and report the antibody raised against IgG4 used.

: We agree on your comment and have changed the following text (P7, L16-18) from

"Immunohistochemistry revealed ≥ 10 IgG4 positive cells per high-power field (HPF)"

to

"Immunohistochemistry by using mouse anti-human IgG4 monoclonal antibody in enzyme immunoassay revealed ≥ 10 IgG4 positive cells per high-power field (HPF)"

2. Some orthographical and grammatical errors have been found throughout the manuscript.

: We revised orthographical and grammatical errors as follows

We changed "was" into "had been" (P6, L22-P7, L1).

We deleted "a" (P7, L21).

We changed "fistulization of the urinary bladder and sigmoid colon by enteric bacterial infection was confirmed." into "fistulization between the urinary bladder and sigmoid colon with enteric bacterial infection of the mass lesion was confirmed." (P8, L11-12).

We changed "abscess" into "infected mass lesion" (P8, L13).

We changed "pelvic" into "intrapelvic" (P8, L16).

We changed "a fistulization of" into "a fistula between" (P9, L12).

We deleted "a" (P10, L11).

We deleted "the" (P10, L12).

We changed "US" into "ultrasonography" (P10, L21).

We changed "lesions" into "mass lesions" (P11, L5).

We changed "of" into "between" (P11, L7).

We added "sigmoid" (P11, L7).

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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