

## Answering Reviewer 00180958

March 26, 2013



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2195-review.doc).

**Title:** Double-balloon enteroscopy in small bowel tumors: A Chinese single-center study

**Author:** Wen-Guo Chen, Guo-Dong Shan, Hong Zhang, Lin Li, Min Yue, Zun Xiang, Ying Cheng, Chen-Jiao Wu, Ying Fang, Li-Hua Chen

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

**ESPS Manuscript NO:** 2195

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

First, we thank you for your suggestion and have revised the article according to your advice.

(1) The language has been revised by us and edited by professional English language editing companies.

(2) In the 11 patients with negative DBE results, the tumors were detected through surgery or capsule endoscopy and included 3 lymphomas, 3 GIST, 1 adenocarcinoma and 1 lipoma, etc. The reasons for the missed diagnoses were as follows: the depth of insertion was inadequate (5 cases), the choice of insertion approach was not optimal and the tumors were located at the opposite end of the intestine (4 cases), and the tumors were exophytic growths with normal intestinal mucosa (2 cases).

We appreciate your advice and have edited this part of our article. Positive or negative DBE results in small bowel tumors were also added into table 2.

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink that reads "Lihua Chen". The signature is written in a cursive, flowing style.

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## Answering Reviewer 00504435

March 26, 2013



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2195-review.doc).

**Title:** Double-balloon enteroscopy in small bowel tumors: A Chinese single-center study

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

**ESPS Manuscript NO:** 2195

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

First, we thank you for your suggestion and have revised the article according to your advice.

(1) The language has been revised by us and edited by professional English language editing companies.

(2) We have added the references into the article after reasons for the low incidence of the small bowel tumors

(3) We have changed this sentence and added the volume of polyethylene glycol electrolyte.

For both the antegrade and retrograde approaches, preparation included overnight fasting and the consumption of 3 boxes of polyethylene glycol electrolyte (69.56g x 3) diluted in 3000 ml of water 5-6 hours before the examination.

(4) In our study, 40 patients had both antegrade and retrograde procedures. Generally, we didn't use tattoo ink or titanium clip for bowel marking when both upper and lower DBE was performed. Usually we judged the depth of small bowel roughly through the shape and size of bowel lumen, the length of endoscopy inserted etc. then the next DBE

will reach or exceed this location unless we found the lesions. So we can't confirm the entire small intestinal examination has been finished in these conditions. Thanks for your advice, titanium clip or tattoo ink for bowel marking may be carry out to reduce the rate of misdiagnosis in the future.

(5)Indeed, there are no descriptions on endoscopic findings in the article, so the title of "Endoscopic findings" has been changed to" Tumors detected in our study"

(6) In the 11 patients with negative DBE results, the tumors were detected through surgery or capsule endoscopy and included 3 lymphomas, 3 GIST, 1 adenocarcinoma and 1 lipoma, etc. The reasons for the missed diagnoses were as follows: the depth of insertion was inadequate (5 cases), the choice of insertion approach was not optimal and the tumors were located at the opposite end of the intestine (4 cases), and the tumors were exophytic growths with normal intestinal mucosa (2 cases). We appreciate your advice and have edited this part into our ariticle.Positive or negative DBE results in small bower tumors were also added into table 2.

(7) The detection rate of each histological type of small bowel tumors have been showed in TALBE 2

(8) The sentence "our study showed DBE and CE had higher detection rate than CT"has been changed to "our study showed DBE had higher detection rate than CT"

(9)Tables Abbreviations used in tables has been spelled out in each table legend.

(10) The titles of Table 2 have been changed to" the tumors detected in our research"

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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## Answering Reviewer 01136135

March 26, 2013



Dear Editor,

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**Title:** Double-balloon enteroscopy in small bowel tumors: A Chinese single-center study

**Author:** Wen-Guo Chen, Guo-Dong Shan, Hong Zhang, Lin Li, Min Yue, Zun Xiang, Ying Cheng, Chen-Jiao Wu, Ying Fang, Li-Hua Chen

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

**ESPS Manuscript NO:** 2195

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

First, we thank you for your suggestion and have revised the article according to your advice.

(1) The language has been revised by us and edited by professional English language editing companies.

(2) Two patients completed the entire small intestine examination all at once via the oral approach. In these cases DBE was inserted into ascending colon through ileocecal valve via mouth. We have showed this in the parts of RESULTS.

In our study, 40 patients had both antegrade and retrograde procedures. Generally, we didn't use tattoo ink or titanium clip for bowel marking when both upper and lower DBE was performed. Usually we judged the depth of small bowel roughly through the shape and size of bowel lumen, the length of endoscopy inserted etc. then the next DBE will reach or exceed this location unless we found the lesions. So we can't confirm the entire small intestinal examination has been finished in these conditions. Thanks for your advice, titanium clip or tattoo ink for bowel marking may be carry out to reduce the rate

of misdiagnosis in the future.

(3) In the 78 patients of small bowel tumor, CE was used to examine 27 cases, with a positive rate of 77.8% (21/27). Twenty-two patients underwent CE examinations before DBE; only 5 cases had the DBE examination first. We have added this part into the article.

In the 11 patients of small bowel tumors with negative DBE results, 5 cases have the CE examination with positive rate of 80% (4/5). So in our research, there were only four patients whose DBE examinations were negative and CE examinations were positive. Because of the little cases, we didn't discuss these patients in our article. But, thanks for your advice, we have analyzed the reasons for the missed diagnoses of DBE and added into the article.

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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