

ANSWERING REVIEWERS



June 02, 2016

Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 26706-reviewe.doc).

Title: Tuberculosis terminal ileitis: a forgotten entity mimicking Crohn's disease

Authors: Simona Gurzu, Calin Molnar, Anca Otilia Contac, Annamaria Fetyko, Ioan Jung

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 26706

Reviewer 1

This manuscript by Gurzu S, et al. reported an extremely rare case of tuberculous ileitis, which had fulminant clinical course, with a misdiagnosis as Crohn's disease. Based on this author's unfavorable experience, an excellent comprehensive literature review in terms of differential diagnosis between intestinal TB and CD was incorporated. This manuscript is well-written in good language quality and can confer abundant clinical information to the reader with an important caution of awareness of intestinal TB. If described comparisons of characteristics such as imaging, symptoms, and treatment, between intestinal TB and IBD (CD) were summarized in Table, this would strength the manuscript.

Authors' answers

Based on your valuable suggestion, Table 1 was inserted.

Reviewer 2

In this report, Dr. Simona Gurzu, and colleagues describe intestinal symptoms reflecting tuberculous terminal ileitis, which may cause symptoms similar to inflammatory bowel disease like Crohn's disease. The manuscript reflects a good attempt by the authors to make literature search. I have no hard word for the authors apart from suggesting that language editing by someone who is familiar with gastrointestinal disorders should very significantly benefit the impact of this report.

Authors' answers

Thank you for your positive comment. The English correction was re-checked by English Proofread. A language certificate was attached.

Reviewer 3

This manuscript by Gurzu S et al represents a severe course of tuberculous ileitis. The overall structure of the manuscript is very complete. Several points which might strengthen your manuscript:

1. Case characteristics are clearly presented with additional informative figures. However, it does not become completely clear why the decision was made to perform an emergency laparotomy. It looks like this is only based on severe pain with signs of acute abdomen but without any additional information like a CT-abdomen or an echo.
2. Furthermore, when describing laboratory values, please add the normal reference values from your hospital (Hb, etc).

3. Comments are clearly presented in the discussion section. However, the clinical diagnosis cannot be skip ulcerations, as they were not visualized before the emergency operation was performed. I would say acute abdomen is the only clinical diagnosis to be made with peritonitis and septic shock. The differential diagnosis is not presented in order of probability, as ischemic colitis and ulcerative colitis are not likely to present as skip ulcerations of the terminal ileum. I would put tuberculosis and infectious causes like Yersinia higher in the differential diagnosis. Imaging diagnosis on intestine is missing, probably because no imaging was performed? For the related reports part: are there numbers in literature on mortality rates of patients presenting with intestinal tuberculosis? - No real new methods/novel findings or experiences and lessons are addressed here. However, a rare case is presented, especially for a European country.

4. In the discussion, the part on differential diagnosis is a long read, maybe it is better to consider adding a table with the extended differential diagnosis and provide a shorter version in the discussion. It is a bit confusing that incidence percentages from different symptoms are sometimes only given for TB (like weight loss), while other times described for both (like fever). I would prefer getting percentages on symptoms for both diseases, as e.g. weight loss is also frequent in CD.

Authors' answers

1. The CT-scan indicated suspicion of peritonitis as result of perforation of the terminal ileum. We have inserted this phrase in red.

2. The normal reference values were inserted in red.

3. The skip lesions were preoperatively observed during CT-scan. We have inserted this aspect in red in case presentation. Regarding differential diagnosis, we have mentioned the backwash ileitis for ulcerative colitis. In Discussion, in the first paragraph, we have nominated those lesions that can associate terminal ileitis or ileotyphlitis, not necessary skip lesions. The preoperative imaging was performed but in necrotic cases the images are not kept in our clinic. This is the reason why it was not inserted in the paper. Yersinia is very rare in our geographic area. I did not have cases in the last two years. In contrast, Crohn's disease is very frequent and we have observed its increasing incidence in the last period. This is the reason why it was taken into account as first diagnosis. We did not identified papers mentioning the rate of mortality in patients with intestinal TB, probably due to the rarity of this lesion. In our experience of more than 10 years, we did not encounter cases with intestinal TB.

4. This part was shortened significantly, being inserted in blue. Based on the suggestions of the two reviewers, Table 1 was inserted.

Reviewer 4

Accept.

Authors' answers

Thank you!

Reviewer 5

A very good presentation of a case of intestinal TB which is often forgotten in differential diagnosis clinically. A couple of grammatical and spelling mistakes but all in all very good.

Authors' answers

Thank you! The English correction was re-checked by English Proofread. A language certificate was attached.

Reviewer 6

We have read through the manuscript and we think that this is a good and well-written paper. I think that it could improve by pointing out the role of IBD on vascular walls and the possible role of “vascular” therapies in IBD patients. The authors can cite and comments the following paper: Ciccone MM et al. J Cardiovasc Med (Hagerstown). 2015 Jan;16(1):11-21 and Principi M et al. J Crohns Colitis. 2013 Nov 1;7(10):e427-33.

Authors' answers

The possible role of “vascular” therapies in IBD patients was introduced in green Discussion and the two indicated papers have been cited in References (42,43).

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

Sincerely yours,

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