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Title: Diagnosis of colonic amebiasis and coexisting signet-ring cell carcinoma in intestinal biopsy

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Dear Editor!

Dear Reviewers!

First of all, thank you very much for your interest in my manuscript and for your valuable comments. I revised my manuscript for resubmission according to your comments and would like to address the points raised by the reviewers as follows:

Reviewer 1 (02773197):

Spelling (1. „erythrocytes“, not „erythrozytes“ in the abstract 2. „ileocecal“, not „ilececal“ in the introduction 3. „hematogenous“, not „hematogeneous“ in the discussion) has been corrected. Missing commas („40,000“, „100,000“ and „liver, lungs, skin etc.“) have been added. „PAS“ is now spelled out „Periodic acid-Schiff“ at first mention.

The limitation that lies in the fact that definitive species identification was not undertaken using molecular or antigenic methods is now being discussed at the end of the discussion. Studies show that only a proportion of microscopically positive stool samples are true *E. histolytica* mono-infections, the rest being *E. dispar* or *E. moshkovskii* mono-infections or mixed infections with one or more *E. species*. Because *E. dispar* and *E. moshkovskii* are morphologically indistinguishable from *E. histolytica* on microscopy, a (co-)infection with *E. dispar* and *E. moshkovskii* cannot definitely be excluded in the current case. However, because *E. dispar* and *E. moshkovskii* are considered non-pathogen protozoa, the clinical presentation of the study patient indicates that *E. histolytica* is likely the causative agent of dysenteric colitis and amebomas in the current case. I included some discussion of this study limitation and added valuable literature references.

Reviewer 2 (00038617):

I tried to make the presentation of diagnostic imaging more attractive for gastroenterologists. Reviewer 2 suggested that CT and barium enema images of the study patient should be presented. Unfortunately, the patient in the current study did not undergo barium enema imaging. Preoperative patient work-up included MR imaging, colonoscopy, CT imaging of the chest and upper abdominal region (I clarified this in the manuscript text) and explorative laparoscopy. To make the article more attractive for gastroenterologists, I added the MR images showing mural thickening of the ileocecum and the appendix as well as images from the explorative laparoscopy showing a tumor mass in the ileocecal region. CT images of the chest and upper abdominal region were inconspicuous, demonstrating no extraintestinal manifestation of amebiasis. I also included some information about the laboratory test results. I hope that the MR and laparoscopic images added make the article more interesting for gastroenterologists.

Reviewer 2 also asked to add some discussion about whether this is the first case of colon carcinoma described in the setting of colonic amebiasis. This information is now added in the last section of the discussion. Two small case series conducted in African populations and one case report describe the occurrence of colon carcinoma in the presence of amebiasis. Furthermore, in four cases, amebiasis was found to be associated with carcinoma of the cervix, perineum and lung. In all these cases carcinomas were colonized by *E. species* because the patients who had developed carcinoma had concurrent symptomatic or asymptomatic amebic infection. In the current case, however, amebic infection had produced amebomas which coexisted with colon carcinoma, a challenging combination for gastroenterologists and pathologists as these two lesions display identical appearance on endoscopy and may be overlooked in histological samples. To the best of my knowledge, only one single case report dated from 1963 described the co-occurrence of colon carcinoma and amebomas. Thus, the concurrent diagnosis of amebomas and colon carcinoma in a young patient presenting at a Western European University Hospital is unique.

Reviewer 3 (26983):

Reviewer 3 suggests language improvement (further comments are not apparent).

I revised the language of my manuscript. To ensure that the language of my manuscript has reached Grade A, I used the English language editing service *American Journal Experts*. Please find the language editing certificate attached with the revised manuscript.

Editor's suggestions:

I summarized the core contents of the article in the comments, as suggested by the editor.
Please find the comments in the section after the discussion.

I hope that you are pleased with the improvements I made to the manuscript.

Best regards,

A. Grosse ALEXANDRA GROSSE

The Author, Alexandra Grosse