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Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 30322

Manuscript Type: Case Report

Response Letter

Dear editor,

Thank you very much for your comments of the manuscript. Based on your comment and request, we have made modification on the original manuscript. Here, we attached revised manuscript for your approval. The modified part was emphasized with highlight. The followings are the point-to-point response to the reviewers.

Reviewers 00503824

1. Strictly speaking, is this a leak rather than a fistula as it did not communicate with another viscus?

A: Although the fistula didn't communicate with any viscus but it forms a enterocutaneous fistula and the patient accepted active washing and drainage system for 4 weeks before OTSC.

2. The grammar is poor in places, eg first sentence, Background: This sentence is difficult to follow.

A: Thank you for the advice. The sentence had been changed to: Ileal pouch fistula is an uncommon complication after Ileal pouch anal anastomosis. The majority of patients suffer from ileal pouch fistula will need operative intervention.

3. Abstract: what does basal anaesthesia mean?

A: basal anaesthesia has been changed into “intravenous anesthesia”

4. Why are the authors trying to reduce inflammation at the site of the leak?

A: Endoscopic management of leakages and perforations of the upper gastrointestinal tract has gained success. But it is important that the lesion is fresh and without fibrotic alterations or inflammation and usually free from foreign bodies. So in this case, we used active washing and drainage system for 4 weeks before endoscopic closure to reduce inflammation at the site of the leak.

5. More details of the procedure is required: what scope was used, what sedation was given, what was the bowel prep. ?

A: We used a general colonoscopy with a transparent cap in front of it. Propofol was used as sedation. He was treated with percutaneous drainage, TPN and bowel rest for 4 weeks before OTSC, so no extra bowel preparation given.

6. It is stated that after the procedure there was no evidence of fistula or leak. How did the authors determine this?

A: The Gastrografin enema confirmed healing of the fistula tract.

7. The authors claim that this is the first such reported usage of a clip for a ileoanal or coloanal anastomotic leak. They should refer to the case series by Verlaan T, et al. Early, minimally invasive closure of anastomotic leaks: a new concept. *Colorectal Dis.* 2011 Nov; 13 Suppl 7:18-22. doi: 10.1111/j.1463-1318.2011.02775.x. In this study, there was a case of endoscopic closure of a leak.

A: Thank you very much for the links of the article and I read it. In this paper, 6 cases were all suffered from anastomotic leaks but the case in our report was suffered from leak of tip of the J-pouch. We also delete the first from the paper but it is still rare that OTSC was used for this type of leak.

8. Is Figure C supposed to be Figure D and vice versa?

A: Sorry for inappropriate paging. The labels all be located above the pictures.
So it is in the right sequence.

Reviewers 03580207, 00043396 and 01557574 think it is "A well written note of another method of dealing with a pouch fistula."