

May 8, 2013

Dear Editor,

Thank you very much for giving us the advices for revising the manuscript. Here enclosed with the revised manuscript. Please find enclosed the edited manuscript in Word format (file name: 3082-edited.doc).

Title: Malignant peritoneal mesothelioma presenting umbilical hernia and Sister Mary Joseph's nodule

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The manuscript was revised according to the suggestions of reviewers:

(1) Abstract: [This case was associated with umbilical hernia which could be induced by the tumor invasion to the umbilicus and massive ascites]. The associated hernia is most likely due to profound ascitis and not as direct effect of the mesothelioma, please correct.

We rewrote it as [This case was associated with umbilical hernia which could be induced by massive ascites].

(2) Core tip: needs to be shorten and please avoid repetition.

We rewrote it to be in a brief style.

(3) Introduction:

a) [Malignant mesothelioma is a malignant tumor arising] please re-phrase to make it readable. suggestion malignant mesothelioma is arising from... you don't need to say it(malignant) twice . We rewrote it as [Malignant mesothelioma is arising], using "malignant" just once.

b) [We experienced a very rare case of malignant peritoneal mesothelioma with both umbilical hernia and umbilical metastasis.] its better to say : we are reporting a very rare case.....

We rewrote it as [We are reporting a very rare case] according to the comment.

(4) Discussion: please include current management of this pathology. Also justify the decision to repair the hernia in this man with gloomy prognosis. Please mention the findings of follow up of this patient? did you involve oncology team ,what is the treatment.?

After the diagnosis, the patient transferred to another hospital for the treatment of his own will, so the information after the transfer was limited. We added to CASE REPORT

section the information after the transfer as far as we know; [The patient transferred to another hospital of his own will. According to the response mail from the hospital, he received a radical operation in which the peritoneal nodules were removed as much as possible, however, he got debilitated after the surgery, which did not permit further chemotherapy. He died 6 months after the diagnosis due to the progression of the malignancy.].

As for repairment surgery for the umbilical hernia, we added to the CASE REPORT section that [Umbilical hernioplasty was performed owing to avoidance of the risk for incarceration and the pathological assessment of the umbilical region was also done.].

Thank you again for reviewing our manuscript.

Sincerely yours,

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