

June 14, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 3257-edited.doc).

Title: Ileal duplication mimicking intestinal intussusception: A congenital condition rarely reported in adult

Author: Binglu Li, Xin Huang, Chaoji Zheng, Jiaolin Zhou, and Yupei Zhao

Name of Journal: *World Journal of Gastroenterology*

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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 reviewers 00159342 and 00289422

(1) Congratulations on a nice paper. Few queries: 1. Maybe laparoscopy could have been used for appendectomy, especially since the diagnosis was in doubt? Also, laparoscopy could have been done for second surgery (just a suggestion) 2. Why were repeated contrast gastrointestinal radiography and colonoscopy done?

Response: Thank you for your constructive review. We want to clarify that previous appendectomy was performed in another primary care institute, which was lack of practical experience with laparoscopy, although the diagnosis of appendicitis was suspicious. Moreover, the secondary explorative operation was performed *via* laparotomy rather than laparoscopy mainly because of the technical concern over pre-existing intra-abdominal adhesion.

We also want to clarify that contrast gastrointestinal radiography and colonoscopy were repeated at the time of the second hospitalization, namely, three years after the initial hospitalization, to identify any recurrent or newly emerging gastrointestinal disease.

(2) The abstract should be shortened. Key words: "Entero-computed tomography" is not a proper term. CT images should be changed in black and white format. It would be interesting if the first CT images when the disease was misdiagnosed as Crohn's disease, were available. Is the endoscopy capsule of any value in these cases? The authors should discuss more on the differential diagnosis between Meckel's diverticulum and ileal DAT. They should also discuss in detail on the differences between these two diseases concerning pathogenesis, symptoms, prognosis, complication rate, and possibility of adenocarcinoma.

Response: Thank you for your constructive review. The abstract has been shortened as suggested. The term "entero-computed tomography" has been corrected as "computed tomography enterography". CT images have been edited as suggested. Unfortunately, the first set of CT images taken at the initial visit were not available as these images were from another hospital. We acknowledge that capsule endoscopy is valuable in detecting Meckel's diverticulum and intestinal DAT. However, Tc-99m pertechnetate scintigraphy was used in this report as this technique remains the first-line diagnostic modality of choice in the scenario of Meckel's diverticulum and intestinal DAT as it is more effective in identifying ectopic gastric mucosae. In current literature, capsule endoscopy is normally used in patients presenting with unexplained gastrointestinal bleeding but negative, Tc-99m pertechnetate

scintigraphy result. Furthermore, capsule endoscopy is not readily available in terms of facility and staffing. The detailed comparisons between the two pathological entities have been added in the Discussion.

3 References and typesetting were corrected

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

Sincerely yours,

Yupei Zhao, MD

The First Department of General Surgery

Peking Union Medical College Hospital

1 Shuaifuyuan, Beijing 100730, China

Phone: +86-10-6915-6024

Fax: +86-10-6512-4875

E-mail: zhao8028@263.net