

ROBERTO ANAYA-PRADO MD, PhD, FACS

April 18th, 2018

Giuseppe Di Lorenzo MD, PhD

Editor-in-Chief

World Journal Of Clinical Cases

Facolta' di Medicina e Chirurgia, Universita' degli Studi di Napoli Federico II,
Naples, Italy

Science editor: Li-Jun Cui

Dear Professor Di Lorenzo,

Dear Professor Li-Jun Cui,

Enclosed please find the response to comments made by the reviewers regarding Manuscript NO. 38324, entitled "***Intestinal Pseudo-Obstruction Caused By Herpes Zoster. Case Report And Pathophysiology***". We agreed with the reviewers' recommendations.

As requested, we are including the manuscript with the "tracked" corrections and a separate list indicating specific modifications: one by one.

Should further information be necessary, please do not hesitate to contact me at your convenience.

Truly yours,

A handwritten signature in blue ink, consisting of a stylized 'R' followed by a series of loops and a long horizontal stroke.

ROBERTO ANAYA-PRADO MD, PhD, FACS

DR ROBERTO ANAYA PRADO

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31793

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 38324

Title: Intestinal pseudo-obstruction caused by herpes zoster. Case Report and pathophysiology

Reviewer No 1 (Reviewer's code: 03474116):

In this case report, the authors showed a case of intestinal pseudo-obstruction caused by herpes zoster. A diagnosis of intestinal pseudo-obstruction was made secondary to segmental paresis of the small intestine and visceral neuropathy and improved pseudo-obstruction without surgery. Authors suggest that intestinal pseudo-obstruction ought to be considered when dealing with non-obstructive conditions of the digestive tract associated with herpes zoster infection. This case report was well written. Authors should revise according to editor' and reviewer's comments and suggestions. Major comments: 1. How about incidence of intestinal pseudo-obstruction caused by herpes zoster? 2. Authors can delete one third of Discussion section. Discussion is too long. 3. Authors should show figures of intestinal pseudo-obstruction, such as CT and XP. 4. How about different diagnosis of intestinal pseudo-obstruction caused by between herpes zoster and others?

1. How about incidence of intestinal pseudo-obstruction caused by herpes zoster?
 1. **Agreed.** The coexistence of HZ en Gastrointestinal symptomatology (paralytic Ileus) is still considered very rare. Thus, no incidence has been reported so far. Restated in the discussion section.
2. Authors can delete one third of Discussion section. Discussion is too long
 1. **Agreed.** Some information has been deleted. Though, we believe that much of the information might be useful to explain pathophysiology.
3. Authors should show figures of intestinal pseudo-obstruction, such as CT and XP
 1. **Agreed.** Imaging studies have been included.
4. How about different diagnosis of intestinal pseudo-obstruction caused by between herpes zoster and others?
 1. **Agreed.** The only differential diagnosis to be considered is mechanical bowel obstruction and electrolyte disturbances. Included and Restated in the discussion section.

ROBERTO ANAYA-PRADO MD, PhD, FACS

Reviewer No 2 (Reviewer's code: 02446627):

Nicely written article. Would suggest adding the CT abdomen image to show the ileus. Also would suggest adding some basic lab or mentioning as normal if they were. Medication which patient was taking as some medication can cause ileus.

1. Would suggest adding the CT abdomen image to show the ileus.
 1. **Agreed**. Imaging studies have been included.
2. Also would suggest adding some basic lab or mentioning as normal if they were
 1. **Agreed**. Specific statement has been included.
3. Medication which patient was taking as some medication can cause ileu
 1. **Agreed**. Specific information has been included.