Format for ANSWERING REVIEWERS

September, 5th 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 3971-EDITED-REV.doc) along with a separate .ppt file (ESPS-3971-FIGs.ppt) containing the decomposed figures as requested.

Title: Colonic perforation by a transmural and transvalvolar migrated retained sponge: MDCT findings

Authors: Luigi Camera, Marco Sagnelli, Paolo Guadagno, Pier Paolo Mainenti, Teresa Marra, Maria Scotto di Santolo, Landino Fei, Marco Salvatore

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3971

The manuscript has been extensively edited and revised according to the reviewers' suggestions. All modications in the text are highlighted as requested. All editorial requirements for a case report have been fullfilled. In particular, the title has been shortened and a running title has been added along with the authors' contributions. Format and typesettings have been also updated. References were implemented as requested. Figures are submitted as a ppt.file as requested.

In detail, I dealt with the reviewers' comments as follows:

00289411

1. In the original version of the manuscript (2nd paragraph, pg. 6) we already explained why the MR failed to detect the retained sponge. Cotton matrix has very few protons and the radiopaque filaments have diamagnetic properties. This is why they can be missed on MR images as reported in the reference (#12). However, an additional comment on the possible explanation of the MR misdiagnosis has been made (1st paragraph, pg. 6) and a reference (#13) dealing with the MR appearance of intra-abdominal gossypibomas has been added to better clarify this point.

2. No, the patient was not submitted to colonoscopy but underwent an abdominal US which showed a concentric wall thickneing at the level of both the terminal ileum and the ascending colon. This has been specified in the description of the case (7th paragragh, pg. 3) and in the discussion (5th paragraph, pg.5).
3. The perforation was at the level of the hepatic flexure which is the proximal portion of the transverse colon and it is usually removed in a right hemi-colectomy. This has been specified in the text in the introduction (pg. 3), in the description of the case (pg. 4) as well as in the legend of Fig. 1 (pg. 9).
4. No, we don't have a picture of the surgical situs.
5. The manuscipt has been extensively edited.

 # 00225335

1. The requested change in the text (pg. 4) has been made.
2. I decided not to move the last sentence of the manuscript at the beginning of the discussion because I feel this kind of statement is a closing remark which can only be made at the end of the manuscript.
3. The diagnostic value of multidetector CT in the clinical setting of acute abdomen has been highlighted as suggested. In particular, a whole paragraph has been added to the discussion (4th paragraph, pg. 6) and an additional reference has been cited (#15).

Hoping to have fullfilled the reviewers' suggestions, I look forward to hear from You soon.

Kind regards,

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