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Dear Editor(s):

Please find enclosed a revised manuscript(file name: 40445-Edited-new).

Journal: World Journal of Clinical Cases

Title: Mesh migration into the sigmoid colon after inguinal hernia repair presenting as a colonic polyp : A case report and literature review

The manuscript has been modified per reviewer' suggestions.

Reviewer #1: also includes literature review. This article is interesting and informative, but there are several concerns to be raised. 1. Is this the first report as described in Introduction section? 2. As authors described the last sentence of page 4, they suspected infectious disease. How about laboratory test (blood test)? And antibiotics was given? 3. Text check should be done by a professional English native.

Thank you for your comments.

Answer to Q1: Mesh migration into the colon is a rare complication after inguinal hernia repair. Although it was documented in the previous literature, we report the first case of chronically migrating mesh mimicking a colonic polyp under colonoscopy. Since the mesh was almost asymptomatic and invisible in enhanced computed tomography (CT), it led to the diagnostic dilemma and was worth discussing. Updated on introduction section (in yellow highlights on page 4 of edited manuscript).

Answer to Q2: We suspected that the colonic lesion was caused by infection (based on the endoscopic view). However, there were no positive laboratory test results (white blood cell, erythrocyte sedimentation rate, peripheral blood culture) supportive of our suspicion; hence, we determined that the patient would not benefit greatly from antibiotic therapy, and therefore, no antibiotics were used. The patient was referred to an exploratory surgery, and prophylactic antibiotics were used perioperatively. Updated on manuscript (in yellow highlights on pages 5-6 of edited manuscript).

Answer to Q3: The edited manuscript has been checked by a professional English native.

Reviewer #2: The manuscript is nicely written. Discussion should be reduced. It's too long. It should be reduced from 1160 to about 600 words.

Answer: *Thank you for your comments.* The discussion part has been reduced to 578 words.

Additional modifications as advised by editor(s) on 'Edited version':

1. A short running title of less than 6 words.
>>The running title was added as 'Mesh migration into the sigmoid colon'.
2. Authors information.
>> ORCID numbers were added for each author on the first pager.
3. Please provide the approved grant/funding information.
>> The approval document has been uploaded in the F6Publishing system.
4. 5-10 key words mainly from Index Medicus.
>>7 key words in total have been added in the manuscript.
5. Article highlights section.
>>Already written accordingly.
6. Reference.
>>Added DOI citation numbers as suggested. All authors of each reference have been listed.

Other modifications:

- >>The manuscript has been modified according to the specific Format for Manuscript Revision for "Case Report" (particularly on page 2, in yellow highlights) .
- >> We replaced the term "colon polyp" in old title with "colonic polyp" in the new one. Because the term "colon polyp" is not from Index Medicus, "colonic polyp" is preferred (in yellow highlights on page 1 of edited manuscript).

Thank you for considering of publishing our manuscript in the World Journal of Clinical Cases. If you have any questions or comments, please let us know via E-mail at: liushaaa163@163.com or jifeng@zju.edu.cn. We look forward to hearing from you.

Sincerely,



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