

July 30, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4473-edited.docx).

**Title:** Pattern and Distribution of Colonic Diverticulosis: Analysis of 2,877 Barium Enema in Thailand

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 4473

The manuscript has been improved and edited according to the suggestions of reviewers and the WJG format of brief article. Any change to the manuscript has been highlighted by using BLUE-colored text. A 'point-by-point' response to the suggestions of the reviewers is following:

Reply to reviewer 00071779

Thank you very much for your generous comments.

Reply to reviewer 00503406

Your kind suggestions and comments are highly appreciated. Point-by-point reply to your comments is following:

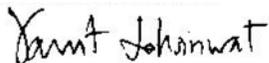
- 1) We used DCBE instead of colonoscopy because DCBE help us identifying the presence of colonic diverticulosis and determining the location of diverticulum (diverticula) more clearly and more accurately than colonoscopy i.e. colonoscopic view may mislead the location of the diverticulum and some small diverticula may be missed by colonoscopy.
- 2) DCBE examinations were performed in both screening individuals (n=700 cases) and symptomatic individuals (n=2177 cases). Please refer to Figure 2 for more details of the characteristics of colonic diverticulosis between the two groups.
- 3) Beside colonic diverticula, other major findings included 25 advanced adenoma (0.87%), 76 colorectal cancer (2.64%; 18 in the right-sided colon, 28 in the left-

sided colon and 30 in the rectum), and 4 ileocecal Crohn's disease (0.14%). This information has been added at the end of first paragraph in the result part.

- 4) Indeed, it is difficult to explain why there is an increased number of colonic diverticulosis in this study of Thai adults. Some possible explanations have been addressed in the first paragraph of the discussion part.
- 5) These are very interesting questions as to 'what is the proportion between symptomatic/asymptomatic diverticulosis by site (right-, left-, pan-diverticulosis) in this study' and 'what is the incidence of diverticulitis in the population studied'. Unfortunately, the present cross-sectional study cannot firmly conclude that the diverticulosis found in DCBE examinations is a main cause of patient's gastrointestinal symptoms. Instead, we have determined the association between patient's symptoms and the presence of diverticulosis, in which the symptom of bowel habit change was strongly associated with the presence of diverticulosis (a relative risk of 1.39; 95% CI = 1.14-1.70;  $P=0.005$ ). Yet, the sample size of our study is not large enough to ensure adequate power to classify patient's symptoms and the presence of diverticulosis by site. Regarding the incidence of diverticulitis in the population studied, we have a very limited number of patients with a history of diverticulitis undergoing DCBE because our institute's policy is to perform CT scan of abdomen for any patients with a suspicion of acute diverticulitis, and to perform colonoscopy at 6-8 weeks after acute episode of diverticulitis. A longitudinal study with long-term follow-up is definitely required to determine the clinical courses of patients with diverticulosis detected by DCBE examinations.

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

Sincerely yours,



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