Format for ANSWERING REVIEWERS

September 4, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4772-review.doc).

Title : Ileal polypoid lymphangiectasial bleeding diagnosed and treated by double balloon enteroscopy.

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Name of Journal: *World Journal of Gastroenterology*

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Thank you for your kindly correction.

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 reviewer

(1) Suggest check references if any on anticoagulation increasing risk of bleeding in patients with lymphagiectasia
: we could not find any report on whether anticoagulation or hemodialysis increased the risk of bleeding in patients with lymphangiectasia. We added on the text.

(2) This patient was accompanied by anemia. Did it need any blood transfusion?
: Initially, the vital sign was stable and hemoglobin was 8.1 g/dL. We measured her Hb level every 4 h and administered packed red blood cell (RBC) transfusion when her Hb level was <8.0 g/dL. Consequently, she received 4 pints of packed RBC by transfusion during hospitalization. We added on the text.

(3) Although it might have been difficult to detect this polypoid lesion anyway due to its small size by CT, the authors should describe that performed CT was enhanced or not.
: We performed an abdominal-pelvic contrast enhance CT scan and we added on the text.

(4) As the authors described, most lymphangiectasias are found in the duodenum or jejunum in general.
Were there any other lymphatic lesions in the small bowel? Was this really solitary lesion?
: We could not find any lymphangiectasial lesion in the esophagogastroduodenoscopy. We also reviewed the video capsule endoscopy. However, there was no lymphatic lesion in the

small bowel except solitary ileal polypoid lymphangiectasial lesion.

(5) Taking warfarin and receiving hemodialysis in the end-stage renal disease are well known risk factors for bleeding. In elderly patients, angioectasias, especially multiple lesions can be major bleeding foci. Although the authors regarded the polypoid lymphangiectasia as a bleeding foci, another concurrent bleeding foci should be ruled out. Because video capsule endoscopy could not rule out other bleeding foci (due to poor ability for localization) and whole small bowel evaluation by DBE was not performed, another bleeding foci including multiple lymphangiectasia cannot be ruled out

: We agree your opinion entirely. Because the bleeding focus was localized in ileum, we started double balloon enteroscopy by anal approach. Although the capsule endoscopy cannot detect the location of lesion exactly, we could roughly rule out another bleeding foci. We found definite bleeding focus on anal approach double balloon enteroscopy. The oral approach was not used subsequently because there were no signs of bleeding after polypectomy and coagulation. we added on the text.

(6) The authors described the possible mechanism of lymphangiectatic bleeding, citing Davidson, et al. and Poirier and Alfidi, who postulated opening of the latent lymphatic-vessel connections. The question is that if the authors could find this pathologic lymphatic-vessel connection in this case (whether it is venous or arterial) or obstruction of lymphatic channel? Is it possible to find in the pathologic slides? If yes, is it possible to show the specific pathologic figures additionally?

: We could find neither the pathologic lymphatic-vessel connection nor obstruction of lymphatic channel. we added on the text.

(7) During admission and after DBE procedures, what was the strategy for anticoagulation? Was warfarin stopped? Did the authors use heparin? When was the anticoagulation started again?

: We stopped warfarin on admission, and administered warfarin 3 days after the procedure. we added on the text.

(8) It seems like three months are not enough time to see the recurrent bleeding. If there were another bleeding foci, recurrent bleeding could develop.

: At the moment when present case was written was three months past from discharge, however, the patient has been followed-up until now with a duration of a year of total without rebleeding. We added on the case. we added on the text.

(9) Discussion is too redundant. Please focus on the bleeding lymphangiectasia.

: We deleted the first paragraph and reviewed focusing on the bleeding lymphangiectasia.

(10) Angiodysplsia does not seem to be appropriate keyword.

: We changed the keyword angiodysplasia to endoscopic polypectomy.

(11) Problem of verbatim copying prior work.

: Thank you for your comment. As non-native speaker of English, please kindly understand our lack of language skills expressing the concepts of prior works differently. We made a correction.

3 References and typesetting were corrected

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

Sincerely yours,

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