

## **ANSWERING REVIEWERS**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO.:** 47934

**Column:** Retrospective Study

**Title:** Predictors of Dehydration and Acute Renal Failure in Patients With Diverting Loop Ileostomy Creation After Colorectal Surgery

**Authors:** Omar Vergara-Fernandez, Mario Trejo Ávila, Oscar Santes, Danilo Solorzano-Vicuña and Noel Salgado-Nesme

Dear Editor,

We intend to publish our manuscript entitled: “Predictors of dehydration and acute renal failure in patients with diverting loop ileostomy creation after colorectal surgery”.

We would like to thank the editors and reviewers involved in the revision of our manuscript. All your comments were very welcome by the authors, and appropriate changes were made.

We consider that after these revisions our paper is ready for re-review and for publication.

## **COMMENTS FOR THE AUTHOR:**

**Editor (Qi-yue Chen (0000-0001-6391-4043)):**

**“Please provide a certificate letter from a professional English language editing company”.**

Our manuscript was edited for proper English language, grammar, punctuation, spelling and overall style by editors at American Journal Experts.

As requieren by the editor, an editorial certificate was obtained.

Certificate Verification Key ([www.aje.com/ertificate](http://www.aje.com/ertificate)): 3C84-F982-2483-76E9-39BA.

**"Please list all authors' ORCID number, the format should be like above".**

We added to the manuscript the ORCID numbers as required.

**"Please read the core tip then provide the audio core tip: Acceptable file formats: .mp3, .wav, or .aiff. Maximum file size: 10 MB. To achieve the best quality, don't allow to have the noise".**

We provide the audio core tip as required.

**"The format should be like this, please revise others".**

We changed the references with the format required

**Reviewer #1:**

**Conclusion:** Minor revision

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade A (Priority publishing)

**Comment:**

**"Ileostomy high-output was defined as more than 1500 ml in 24 hours.(6) Two groups of patients were formed: those who did not have high-output related complications after discharge (N-HORC: non-high output related complications group), and those that did have high-output related complications (HORC: high output related complications group). The high-output related complications included in the study were: dehydration with electrolyte disturbances and acute renal failure." It is not very clear to me how the two groups are separated. For example, a patient with output of 1200 ml and electrolyte disturbances or acute renal failure, in which group is categorized? Or patients without complications but low or high output are included in these groups?**

**Response:**

We appreciated the reviewer's comments.

The definition of each group was:

High output related complications group (HORC): Those patients with more than 1500 ml/24 hrs with concurrent acute renal failure and/or electrolyte imbalance. The patients in this group required readmissions.

Non-high output related complications (N-HORC): Those patients with less than 1500 ml/24 hrs, and without acute renal failure and without electrolyte imbalances. The patients in this group did not require readmissions.

To avoid further confusion, we re-wrote the following paragraph in the Materials and Methods section in the final manuscript.

“Two groups of patients were formed: those who did not have high-output-related complications after discharge (N-HORC: non-high-output-related complications group) and those who did have high-output-related complications (HORC: high-output-related complications group). The high-output-related complications included in the study were dehydration with electrolyte disturbances and acute renal failure. Ileostomy high-output was defined as more than 1500 ml in 24 hours, at the moment of emergency department visit or readmission in the HORC group<sup>[6]</sup>. Patients in the N-HORC had an output of less than 1500 ml in 24 hours during their follow-up, and did not required emergency department visit nor readmissions.”