

ANSWERING REVIEWERS



October 13, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5245-edited.doc).

Title: Ileo-ileal intussusception caused by diffuse large B-cell lymphoma of the ileum

Author: Xiequn Xu, Tao Hong, Binglu Li, Wei Liu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5245

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) Reviewer 01213502

1. The lesion was found via CT scan instead of abdominal sonogram. Was CT routinely done for patients with abdominal pain?

This patient was performed sonogram, but it did not revealed any meaningful findings, in the paper, we only provided the meaningful positive findings. CT is absolutely not the routine test for abdominal pain.

2. In discussions, line 9:...The most useful preoperative diagnosis modality of intussusception is CT scan which would show.... ?I do not agree. Abdominal sonogram is.

We have changed this sentence into "CT scan is one of the most useful preoperative diagnosis modality for intussusception which would show a thickened segment of bowel with an eccentrically placed crescent-like fatty area (bowel within bowel)".

3. In conclusion, the last sentence: "After the operation, adjuvant chemotherapy or radiotherapy is recommended." Is better omitted. ?There was no any method or design concerning the treatment in this study. We cannot make the conclusion from this study.

You are right. We have omitted this sentence.

4. The term "Ileo-ileal intussusceptions" is better than "Ileo-ileum intussusception".

It has been changed.

(2) Reviewer 00721687

Although authors stated that CT is the crucial for diagnosis of intussusceptions, it is generally assumed that ultrasound is the method of choice (with no radiation risk). Also, it is obligatory to give explanation, how patient treated complete ileal obstruction for period of two months, with no bloody stools constant vomiting. It is well explained in literature that 24- hours- lasting intussusceptions cause intestinal gangrene followed with bloody stools.

We agreed with you, We have changed this sentence into "CT scan is one of the most useful preoperative diagnosis modality for intussusception which would show a thickened segment of bowel with an eccentrically placed crescent-like fatty area (bowel within bowel)".

The CT scans showed the dilatation of the intestine was not so severe. And we added further

medical history information into the manuscript: “He was diagnosed as incomplete intestinal obstruction and was supported with parenteral nutrition in the community hospital ”.

(3) Reviewer 00032449

This is an interesting case of adult intussusception due to NHL. I have some comments:

1, "hemogram" is not a medical term. Please change. "anal route enteroscopy" -> please change: balloon assisted enteroscopy?

"hemogram" has been changed into “blood test” and "anal route enteroscopy" has been changed into “ balloon assisted enteroscopy”

2, Discussion: Some points that have been given in the introduction are repeated, please shorten.
It has been shortened.

3, Please delete the recommendations for chemotherapy or radiotherapy in the discussion and conclusion since choice of therapy is complex and not the main focus of this case report.
It has been delted.

4, Conclusion: PET-CT scan is not necessarily required for diagnosis, rather for work-up in special cases.
It has been changed into “The work-up must include X-Ray, ultrasound and CT scan of the abdomen; even the PET-CT in special cases”.

5, Please change: "Surgical interventions are required once the diagnosis of intussusception is made, due to the high risk of malignancy." Surgery is warranted because bowel obstruction.
It has been changed into “Surgical interventions are required and warranted once the diagnosis of intussusception is made, due to the high risk of malignancy and bowel obstruction.”

6, Language is quite poor. Please check grammar and spelling. Correction by a native speaker would be helpful. Thank you for the interesting case.
It has been modified.

(4) Reviewer 01220166

1. As the CT findings, it seems that the length of intussusception segment was not so long, and dilatation of oral side intestinal lumen was not seen. In this situation, was it possible to reduce the intussusception when an anal rout enteroscopy was performed? If the patient was free from the intestinal obstruction owing to the reduction of intussusception, was there a selection of treatment by chemotherapy with molecular target agent prior to surgical intervention?

For it was suspected the malignant lesions from the anal rout enteroscopy, so we did not try reduce the intussusception. From the literature and our experience, without the surgical pathology diagnosis, how to choose chemotherapy regiments?

2. In Discussion section, Non-Hodgkin’s lymphoma is malignant tumor, not benign, while intussusception is induced by either malignant or benign diseases. In general, malignant lymphoma was treated by chemotherapy with or without molecular target agent and radiotherapy. In the unusual situation, presenting intussusception, the authors should discuss strategy which treatment is applicable.

We have deleted this section for choice of therapy is complex and not the main focus of this case report which was suggested by other reviewers.

3. It is important issue whether diagnosis of an intestinal tumor as a leading point of the

intussusception is possible or impossible. It is not clear in figures of this manuscript. Could you show the leading point for the invagination?

Not all the imaging method could show the leading point of the intussusception. We are sorry that we do not have these figures.

4. The authors should pay attention to abbreviation in consistency, which are defined at first appearance (i.e., OB in Case Presentation section).

It has been changed.

5. In Figure 4, results of immunohistochemical staining including CD5, CD10, CD23, Bcl-6 and MUM-1 should be described whether it is positive or negative.

They have been modified.

6. The paper contains a number of errors in English syntax, grammatical error and misspelling. Please ask a native or fluent English speaker to go over your manuscript with you to help with grammar, sentence construction, word choice and syntax.

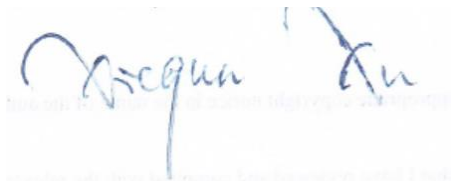
It has been modified.

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3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Xiequn Xu', is shown on a light background. The signature is fluid and cursive.

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