

ANSWER TO REVIEWER

Reviewer's code: 02992891

Dear Reviewer, let us express our gratitude for the positive evaluation of our manuscript. Please, find below the answers to your remarks.

Remark 1. The shape and characteristics of the ulcers were not explained.

The answer:

We added the images of initial endoscopic findings and described them:

“Upper gastrointestinal endoscopy revealed ulceration of mucosa in antrum. There were a few 5 mm superficial ulcers in the antrum (Figure 2). There were no specific findings in colonoscopy. Enteroscopy of the small bowel demonstrated a 1.5cm ulcer in the jejunum (Figure 3).”

Remark 2. Some of the content is not well formatted, such as 1012 in laboratory test data, 12 is not marked in the top right corner. I suggest checking the format.

The answer:

We corrected the format.

ANSWER TO REVIEWER

Reviewer's code: 00057299

Dear Reviewer, thank you so much for the useful remarks which let us improve our manuscript. We corrected the manuscript as follows:

Remark 1. Please, provide photo of initial upper GI endoscopic findings and *H. pylori* status.

The answer: We added the photo of initial upper GI endoscopic findings (Figure 2.) and *H. pylori* status. The information about *H. pylori* status was also added into the section Histological findings:

„Biopsies were negative for Helicobacter pylori.“

Remark 2. Was there any possibility of gastric MALT lymphoma in initial upper GI endoscopy?

The answer: We described the histological findings of initial enteroscopy in more details:

„Microscopically, jejunum biopsies revealed lymphoplasmacytic infiltrate, a common finding in chronic CD, granulation tissue and crypt distortion suggesting chronic inflammation (Figure 4). Histopathology suggested the diagnosis of CD. Since there were no histological evidences of possible lymphoma, immunophenotyping was not performed at this time.“

Remark 3. Please, provide initial laboratory findings including c-reactive protein and anti-saccharomyces cerevisiae antibody and retrospective immunophenotyping results of initial small bowel biopsy.

The answer: We provided c-reactive protein values: CRP 0.2 mg/l (0-5mg/l).

The anti-saccharomyces cerevisiae antibody was not analyzed. The initial biopsies were not immunophenotyped because there was no evidence of possible lymphoma.

ANSWER TO REVIEWER

Reviewer's code: 02725329

Dear Reviewer, we thank you for the comprehensive review of our manuscript, this allowed us significantly improve the manuscript text. Below we present corrections made in the text.

Remark 1. In laboratory examinations. Results of serum albumin, soluble IL-2 receptor and *Helicobacter pylori* test were not included in the data.

The answer:

H.pylori status is written in Histological findings section. - Biopsies were negative for *Helicobacter pylori*. Serum albumin and soluble IL-2 receptor was not measured.

Remark 2. In imaging examinations. Although authors stated that upper gastrointestinal endoscopy revealed ulceration of mucosa in antrum, the figure of EGD was not shown.

The answer:

We added the figure (2) of gastric ulceration.

Remark 3. In imaging examination. The present case of jejunal ulcer differed from longitudinal ulcer that was typical for Crohn's disease. Did the ulcer occur multiple

throughout the small intestine? Were other findings such as aphthous ulcer or cobblestoning observed in the enteroscopy?

The answer: Enteroscopy revealed no other findings, just the jejunal ulcer.

Remark 4. In histological findings. Granulomas were not found in the histological examination of biopsied jejunal tissue. How did authors diagnose this case as Crohn's disease?

The answer:

Since granulomas can be detected in only 15-36 % of biopsy samples, their absence, does not deny Crohn's disease diagnosis. In this case, histopathological analysis revealed lymphoplasmacytic infiltrate, crypt distortion. Those components are common findings in chronic inflammation and the diagnosis of Crohn's disease was made.

Remark 5. In final diagnosis, treatment, and outcome. Authors should indicate the macroscopic finding of the resected jejunum.

The answer:

We added the macroscopic finding of the resected jejunum – Figure 6