Dear editors and reviewers

On behalf of my co-authors, we thank you so much for approving our manuscript. We appreciate editors and reviewers very much for all the positive and constructive comments and suggestions on our manuscript entitled "**Spontaneous resolution of idiopathic intestinal obstruction after pneumonia: a case report**" (NO.: 55390). These precious suggestions would no doubt help us to improve this and many further manuscripts.

We had studied all the suggestions from reviewers and editors and made revisions which marked in red in the paper. We tried our best to revise our manuscript according to the comments and answered all the questions raised by editors and reviewers which are listed below. In addition, we have also got the MedE, as suggested by Editors, to make serious English language editing for our manuscript. Attached please find the revised version. We hope we had reached the requirement by the reviewers and editors.

Thank you again for all your kindness and hard work. Looking forward to hearing from you soon.

All the best wishes.

Yours sincerely

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Responds to the reviewer's comments:

Reviewer #1

1. From the reviewer's standpoint, this lady almost assuredly had juxta-ampullary diverticulitis. This happens when inspissated food gets into a narrow neck diverticulum. Note the absence of diverticulum visualization on Figure 1A would account for dilation of the pancreatic duct on Figure 2. Moreover, I do not agree that the baseline CT scan is normal. The reviewer would suggest being more direct in your presentation and Discussion, e.g.: Although the exact etiology of the duodenal obstruction was uncertain, the imaging and clinical course was consistent with diverticulitis of a juxta-ampullary diverticulum as there was no evidence of pancreatitis, neoplasm, or peptic ulcer disease on CT imaging or endoscopy.

Response: Thank you very much for your opinion. We also considered the diverticulitis to be the cause of her initial intestinal obstruction. We have added the contribution of inspissated food into our discussion on your suggestion (Page 12, Line 217-218). The diverticulum was marked with a white arrow in Figure 1A, which

looked smaller than that on Figure 1B. Thanks for your reminder, we have added discussion of diverticulitis and pancreatic duct dilation in the passage (Page 12, Line 219-220). We highly agree with your opinion that the baseline CT was abnormal. We have stated the abnormal CT findings in the passage and the figure legends.

2. Minor grammar suggestions a. Page 4, line 66 – 7...revealed a dilated stomach and proximal duodenum. b. Page 5, line 79 = Her condition deteriorated with conservative treatment and extensive additional investigations. c. Page 7, line 118, Lower = decreased gastrointestinal motility d. Page 15, line 282 = there are several limitations

Responds: Thank you very much for these grammar corrections. We have corrected all the above grammar mistakes and also checked the entire manuscript carefully, in addition, we used an English language editing. We hope we have solved all the grammar and other language issues.

3. Note, unless paraesophageal hernias have a component of a hiatal hernia (Type III), they are not associated with reflux, rather pain, chronic GI bleeding, and if large, decreased respiratory excursion. Please consider revising your Discussion on page 15.

Responds: Thank you for your reminders. We have deleted the discussion on paraesophageal hernias, as their role in pseudo-obstruction was unsure.

4. The reviewer is unaware of any data that enemas “restore normal intestinal motility.” They are helpful for refractory constipation.

Responds: Thank you for your opinion. We were sorry that we did not state it clearly. We have re-stated in the manuscript that “Enemas was used to relieve and prevent constipation, and therefore reduce intestinal pressure. Prokinetics helped to resume normal intestinal motility.” (Page 13, Line 242-244)

5. Your report could be condensed significantly.

Responds: Thank you for your suggestion. We have shortened the discussion part from 556 words to 506 words. However, as required by the other reviewers, we had to add some detailed information in the laboratory and past medical history section. The final manuscript (from abstract to conclusion) had shortened from 2182 words to 2074 words. As this is a complicated case containing two disease phases, we were sorry that we could not shorten it more.

Reviewer 2

**Specific Comments to Authors:** I read the manuscript named “Spontaneous resolution of idiopathic intestinal obstruction after pneumonia: a case report”. (Manuscript NO: 55390) and my recommendations are as fallows. Title: It accurately reflects the major topic and contents of the study. Abstract: Adequate, summarizing

the topic. Case report: Case has been presented in detail. References: References are appropriate and updated. Figures reflects the major findings of the study, and they are appropriately presented. This manuscript was well-written and documented. This manuscript gives additional new knowledge to the existing literatüre. This is an interesting case report. I think that this manuscript is suitable and worth to be published in the World Journal of Clinical Cases

Responds: Thank you very much for your review. We felt honored for your approval. We have made several changes according to the other reviewers' suggestions. Hoping that we could still met your requirement.

Reviewer 3

1. Nice and organized presentation of a case which is probably not very unique for a case report. Moreover, you failed to address some very important aspects in your report. The patient has several comorbidities including a renal failure and transplant; atrial fibrillation; and significant drug history including immunosuppressants & amiodaron. But you haven't well addressed them.

Responds: Dear reviewer, we were sorry that we did not met your requirement for a unique case. We have stated the comorbidities in the manuscript. The patient had renal function and transplant, but it was 10 years ago and she was doing well with her transplant before this disease. During her entire disease cause, the renal function and

electrolytes were kept normal (Page 8, Line 125-127). And all her medicines for her transplant were carefully monitored with pharmacologist consultant. (Page9, Line 156-157)

2. For example, a most significant issue in this regard was to investigate a possibility of electrolyte disturbances which is very probable.

Responds: Thank you for your reminder, we have monitored the serum pH and electrolytes, including Na, K, Ca, My, Cl and P. We have added this sentence into the manuscript. (Page 8, Line 126-127).

3. On the other hand, ischemic stricture is a known reason for small bowel obstruction and in this patient, the history of atrial fibrillation is a significant history in this regard. Therefore, an arteriogram could be a consideration in this patient.

Responds: Thank you for your reminder. The patient actually only had paroxysmal atrial fibrillation. During this disease course, she had atrial fibrillation only during the period of septic shock and she resumed the sinus rhythm soon after the shock. Thus, the risk of atrial thrombosis was not very high. On the other hand, the abdominal CT did not reveal contrast enhancement of intestinal vessels, and she did not have hematochezia during the disease course. Thus, the possibility of ischemic enteropathy

did not seem to be high, so we did not perform the arteriogram to risk her renal function.

4. Moreover, a known side effect of amiodaron is hypothyroidism which could fairly describe several of the patient's symptoms. You also failed to report the renal transplant function indices.

Responds: Thank you for your reminders. Her thyroid function and renal function kept normal during the disease course. We have added these statements in the manuscript. (Page 8, Line 125-126)

5. The infection (pneumonia) itself can describe the symptoms in a patient with such high rate of comorbidity. Moreover, diffused candidiasis has been implicated as a reason to small bowel obstruction (PMID: 15792164; consider the improvement of symptoms after antifungal therapy), and if I were you, I would have focused on this issue most, including in the title. In your report, all the cultures seem to be from the sputum, but due to the patient's immunosuppressive conditions, you might have cultured up and down including the blood, urine, GI and bronchoalveolar lavage, as well as LP specimens.

Responds: Thank you very much for your opinions. We were sorry that we did not stated the case clearly. The patient had intestinal obstruction long before the onset of fungal infection, as demonstrated by chest CT. Although her conditions improved

after addition of anti-fungal treatment, she also received antibiotics, and we consider that the control of systemic inflammation with multiple modalities, including both antibiotics and antifungal treatment, lead to the resolution of her obstruction. In addition, repeated stool and gastric drainage cultures were negative, therefore, we could not be sure that the patient be diagnosed with fungal enteritis as the patient in PMID: 15792164.

This patient had two disease phases, the first was characterized with mechanical obstruction that probably due to diverticulitis, while the second phase was characterized with intestinal pseudo-obstruction, which, although still idiopathic, could not be directly related to diverticulitis. We hope our title could summarize the entire disease course, therefore, we did not emphasize the fungal enteritis in the title.

With all due respect, we have performed multiple cultures, including peripheral blood, sputum, urine, stools and gastric drainage. As the condition of the patient improved after imperial treatment, we did not perform the bronchoscopy and no bronchoalveolar lavage were obtained. Although the patient had severe septic shock, she had no headache and meningeal irritation sign was negative during the disease cause. Therefore, we did not perform lumbar puncture.

**Science Editor:** 1 Scientific quality: The manuscript describes a case report of the spontaneous resolution of idiopathic intestinal obstruction. The topic is within the scope of the WJCC.

(1) Classification: Grade C, Grade C and Grade D;

(2) Summary of the Peer-Review Report: This manuscript was well-written and documented. This manuscript gives additional new knowledge to the existing literature. This is an interesting case report. However, there are some issues should be addressed. The authors need to add more details in the “case presentation” section. The authors failed to address some very important aspects in your report. The case report could be condensed a bit, and there are some dubious statements in the “Discussion”. The questions raised by the reviewers should be answered;

Responds: Thank you for your comments. We have read all the suggestions from the reviewers. We have added some detailed information in the laboratory and past medical history section, based on reviewers’ request. In addition, we have also reduced the length of discussion section from 556 words to 506 words. The overall length of the manuscript has shortened from 2182 words to 2074 words. All the questions raised by the reviewers were answered.

(3) Format: There are 6 figures. A total of 22 references are cited, including 4 references published in the last 3 years. There are no self-citations.

2 Language evaluation: Classification: Grade A, Grade B and Grade C. A language editing certificate issued by MedE was provided. The language needs to be further improved.

Responds: We were sorry for not meeting your language requirement. We have contacted MedE and had them revised the whole manuscript again. Hoping that our manuscript could met your language requirement.

3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, the written informed consent, and the CARE checklist form. No academic misconduct was found in the CrossCheck detection and Bing search.

4 Supplementary comments: This is an unsolicited manuscript. The study was supported by 2016 PUMCH Science Fund for Junior Faculty. The topic has not previously been published in the WJCC. The corresponding author has published 2 articles in the BPG. This manuscript is the resubmission of Manuscript No. 50201.

5 Issues raised: (1) I found the language classification was grade C. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240;

Responds: We were sorry for not meeting your language requirement. We have contacted MedE and had them revised the whole manuscript again. Hoping that we could met your language requirement.

(2) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Responds: Thank you for your kind reminder. We have included the approved grant application forms with the revised manuscript.

(3) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Responds: We have uploaded the original figures in PPT form with the revised manuscript.

6 Re-Review: Required.

7 Recommendation: Conditionally accepted.