

April 3, 2021

Jin Gu, FACS, FASCRS, MD  
Varut Lohsiriwat, MD, PhD  
Shu-You Peng, FRCS (Gen Surg), FRCS (Hon), MD  
Editors-in-Chief  
*World Journal of Gastrointestinal Surgery*

Manuscript NO.: 64112 entitled ' Multidisciplinary management of acute mesenteric ischemia: surgery and interventional radiology '

Dear Dr. Gu, Dr. Lohsiriwat, and Dr. Peng,

We would like to thank the reviewers for their careful and comprehensive reviews. We have revised our manuscript in accordance with the comments and recommendations, and include our point-by-point responses below. Revisions in the manuscript are marked using a bold typeface.

We hope that we have addressed all the reviewers' comments satisfactorily and that the manuscript will now be suitable for publication in *World Journal of Gastrointestinal Surgery*

Sincerely,

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Reviewer #1:

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

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors provide an interesting review on the combination of surgery and endovascular intervention to the management of AMI. Detailed comments:

1. the main major recent references on the management of AMI form intestinal stroke center such as Corcos et al. Clin Gastroenterol Hepatol 2013, Nuzzo et al. Am J Gastroenterol 2019, Yang et al. Thromb Res 2015 are lacking.

>Thank you very much. We added these two articles as references and relevant comments in the revised manuscript. However, one study by Yang et al (Thromb Res 2015) is out of scope in the current review because the study was about mesenteric venous thrombosis and our study aimed to summarize the management of mesenteric arterial thromboembolism and non-occlusive ischemia.

The texts now states

“The major problem when managing patients with mesenteric ischemia is that multi-disciplinary interventions are required. Corcos et al. suggested multidisciplinary treatment has the potential to improve survival of patients with acute mesenteric ischemia. <sup>[30]</sup> To provide appropriate treatment, vascular surgeons, general surgeons, and interventional radiologists must collaborate.”

2. The Original scientific contribution presented in the manuscript is not noticeable and clear.

>We added relevant comments to the revised manuscript. We believe that the original scientific contribution of this review is the emphasis that surgery and interventional radiology are complementary approaches, which is emphasized throughout the text.

The text now states

“In this review, we constructed a decision-making flow chart synthesized from current evidence-based recommendations in recent studies which discuss the appropriate use of interventional radiology and surgery for patients with mesenteric ischemia. Although

interventional radiology and surgery for mesenteric ischemia were compared in many studies, these two approaches should be treated as complementary.”

### 3. Discuss further potential measures to rescue the non-survivors.

>We have added relevant comments in the discussion.

The text now states

“Daily simulation and creating protocols are crucial to successful treatment, and to facilitate the combination of surgery and endovascular interventions, developing a hybrid operating room is important. To rescue non-survivors, factors determining the primary treatment need to be identified in future studies. In addition to endovascular intervention and surgery, perioperative treatment such as oral antibiotics may have the potential to improve survival. <sup>[31]</sup> “  
”.

## 4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript’s language will meet our direct publishing needs.

>One of the co-authors, Alan Kawarai Lefor, is a native English-speaking doctor. We believe that the paper conforms to standard scientific English language usage, although there may be stylistic differences or an occasional typographic error. We have attached a certificate of English language editing from Professor Lefor.