

December 26, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 7354-revised.docx).

**Title:** Initial transcatheter thrombolysis for acute superior mesenteric venous thrombosis

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 7354

The manuscript has been improved according to the suggestions of reviewers:

1 The format has been updated.

2 The following revisions have been made according to the suggestions of the reviewers:

Reviewer 1:

1) Although English is not my own native language, I think that minor revisions of the English deserve the editing of the language.

Response: We have employed a professional editing service, AmEditor, to correct and polish the English language presentation. The company provides a certificate of editing and we have passed that along to the *World Journal of Gastroenterology*.

2) Methods section of the abstract: what did the authors mean with “local anticoagulation”? Please specify.

Response: In our manuscript, “local anticoagulation” referred to anticoagulant infusion via a catheter in the SMV or SMA, which is distinguished from the “intravenous systemic anticoagulation” procedure. Use of “local anticoagulation” allows for the concentration of anticoagulant in the SMV, thereby increasing the anticoagulation effect through the multiple side-hole infusion catheter directly by SMV or indirectly by SMA. Ultimately, this method decreases the total dosage of anticoagulants required to be delivered, consequently lowering the risk of inducing a mass hemorrhage.

3) Acronyms should be expressed at their first mention in the text (CT, SMV, etc). Please avoid the acronyms not useful for the economy of the manuscript.

Response: We apologize for this oversight. All acronyms and abbreviations have now been defined upon first usage in the text and used sparingly.

4) Was the study approved by the local ethic committee? Was it in agreement with Helsinki declaration? Please provide a statement about.

Response: Yes, the study was designed according to the Declaration of Helsinki and carried out with pre-approval from the local ethic’s committee. We have clarified this issue in the manuscript.

5) The authors should provide the number of total excluded patients.

Response: According to the exclusion criteria, 125 patients were excluded from the study. We have clarified this issue in the manuscript.

6) I really appreciate that the authors pointed out the limitations of the study. But they should even point out the confounding factors that could influence the results. A multivariate analysis should be performed in order to assess the incidence of confounding factors. Please provide.

Response: As the reviewer correctly pointed out, some confounding factors that may influence the results of thrombolysis of MVT must be considered in our analysis, including but not limited to patient age, history of DVT/PE, abdominal operations, basic diseases (i.e. diabetes and liver disease), specific etiology, SMV anatomy character, initial admission department, and thrombus location. We have performed the relevant comparative analysis and presented the results in Tables 1, 2 and 3. However, no significant differences were detected between the two treatment groups in these analyses. It is important to point out, though, that these analyses were relatively simple. Multivariate analysis would better assess the incidence of confounding factors, but the small case population available for this study precluded our ability to perform such assessment. We have designed and initiated a new multi-center retrospective epidemiological study to obtain many more cases so that we may be able to more accurately assess the risk factors related to the outcome of thrombolysis therapy for ASMVT. Multivariate analysis will be carried out as a main part in this new study.

Reviewer 2:

- 1) The manuscript is too extensive. Consider trimming all sections, in particular the introduction and discussion which is too long.

Response: We have carefully rewritten the entire manuscript to remove instances of redundancy and unnecessary information.

- 2) Tables 2 and 3 as well as figure 1 and 4 should be eliminated or presented as supplementary information only. they do not contribute to the manuscript.

Response: Tables 2 and 3, as well as Figures 1 and 4, have been reassigned as Supplementary Materials, according to the reviewer's suggestion.

- 3) The section methods needs a lot of summarizing.

Response: We have carefully rewritten the Methods section for clarity and conciseness.

- 4) Some terms (e.g. polyplastocytosis, portography) are not in general use among the medical community in English speaking countries. Please review.

Response: We have carefully checked these terms and provided the more generally used terms. In particular, "polyplastocytosis" has been revised to "thrombocytosis" and "portography" has been revised to "portal venography".

- 5) Consider having the manuscript reviewed by an English language editor or editorial service.

Response: We have employed a professional editing service, AmEditor, to correct and polish the English language presentation. The company provides a certificate of editing and we have passed that along to the *World Journal of Gastroenterology*.

3 The references and typesetting have been corrected to adhere to the requirements for publication in the *World Journal of Gastroenterology*.

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

Sincerely,

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