



December 25, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7616-review.doc).

Title: Solitary Peutz-Jeghers-type appendiceal hamartomatous polyp growing into the terminal ileum

Author: Chang In Choi, Dae Hwan Kim, Tae Yong Jeon, Dong Heon Kim, Na Ri Shin, Do Youn Park

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7616

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

At first, we really appreciate such the kind and sharp review. We polished the manuscript according to the opinion of the reviewer. Each reviewer's comment is as follows. And we ask for your understanding the same answer regarding the similar comment.

Reviewer 02465551

The grammar is ok but the expression is confusing I had another view on the true underlying pathology. Form what i understand, it should be a polyp from the terminal ileum but somehow the appendix invaginated into the poly from the terminal ileum serosal surface because the pathology report showed the appendix penetrated into the polyp. is the appendix intussucepted/ invaginated to the terminal ileum ?? can the pathology identified the origin of the polyp? It is strange to write 'oral water' in a medical journal Anyway it is an interesting report.

(1) The origin of the polyp is so ambiguous, but we have concluded the appendiceal polyp grew into distal ileum. There are two clues why we think so. First, the appendix was invaginated into the polyp exactly. We think, the possibility that normal appendix was intussuscepted with penetrating the polyp is very low. Because ileal serosa is intact although polyp arised from ileum, appendix can be intussuscepted everywhere of whole ileum. Second, if the normal appendix was intussuscepted into ileal polyp, we could separate the appendix from the polyp easily. But appendix and polyp was unseparable. We think that strong tissue interaction between appendix and distal ileum is one of evidence which the origin of polyp is appendiceal tip. However, it is debatable where the origin is and those mentioned above are just authors' opinion. We think reviewer's comment is also still worth. So,

we added some additional description in regard to reviewer's comment.

(2) As you rightly pointed out, "Oral water was reintroduced on day 3 postoperatively" was changed to "Patient resumed a liquid diet on postoperative day 3" on page 5.

Reviewer 02536876

Grammar is good state. But the pathologic report is to identify the appendiceal lumen penetrating the ileal polyp under microscopy, and then is this polyp origin in the ileum? I want more exactly report.

(1) Yes, we can identify the appendiceal lumen penetrating the ileal polyp under both macroscopy and microscopy.

(2) As we mentioned on our manuscript, it is so difficult to find where the origin of polyp is. But we have concluded the appendiceal polyp grew into distal ileum. There are two clues why we think so. First, the appendix was invaginated into the polyp exactly. We think, the possibility that normal appendix was intussuscepted with penetrating the polyp is very low. Because ileal serosa is intact although polyp arised from ileum, appendix can be intussuscepted everywhere of whole ileum. Second, if the normal appendix was intussuscepted into ileal polyp, we could separate the appendix from the polyp easily. But appendix and polyp was unseparable. We think that strong tissue interaction between appendix and distal ileum is one of evidence which the origin of polyp is appendiceal tip. However, it is debatable where the origin is and those mentioned above are just authors' opinion. We think reviewer's comment is also still worth. So, we added some additional description in regard to reviewer's comment.

Reviewer 02438173

I think the importance and significance of this case report is the unusual location and presentation of this kind of polyp. However, the manuscript needs to be corrected partially. My comments are: 1. Since this is a case report, I think a representative film of abdominal CT study is necessary! 2.(P.5) The English of this paragraph needs to be polished completely ("Oral water...."). 3.(P.7) In the 2nd paragraph: Since your title is "Appendiceal hamatomatous polyp", you are supposed not to use the words such as "it is *unclear* whether the origin of the polyp...." and "the primary lesion ...was *most likely* the appendix". You should use the words more definitely by your pathological findings! 4.(P.7) In the 3rd paragraph (Appendiceal tumors are rare....): You may delete the last portion of this paragraph. You don't have to describe the two cases reported by others so clearly. 5.(P.8) The 3rd paragraph (Preventive appendectomy...): The English needs to be corrected from the sentence "The final histopathological results..." to the last one. 6.(P.8) I think you need to perform endoscopic surveillance to see if there is any polyp in the other portions of the GI tract of this patient. 7.(P.9) The last paragraph of discussion: The English needs to be corrected from "We recommend that histologic...". Since the pathological study is necessary for every surgical specimen, you don't need to recommend. Please try other words to have a better expression!

1. Since this is a case report, I think a representative film of abdominal CT study is necessary!

- We added the preoperative abdominal computed tomography findings to the manuscript. We can identify the intussuscepted ileum on preoperative abdominal CT. But we didn't check the postoperative abdominal CT, so can't add it. Please ask for your understanding it.

2.(P.5) The English of this paragraph needs to be polished completely ("Oral water.....").

- As you rightly pointed out, "Oral water was reintroduced on day 3 postoperatively" was changed to "Patient resumed an liquid diet on postoperative day 3" on page 5.

3.(P.7) In the 2nd paragraph: Since your title is "Appendiceal hamatomatous polyp", you are supposed not to use the words such as "it is *unclear* whether the origin of the polyp..." and "the primary lesion ...was *most likely* the appendix". You should use the words more definitely by your pathological findings!

- We modified the several sentences to clarify the manuscript. Vague sentence and word were deleted. ("it is *unclear* whether the origin of the polyp..." and "the primary lesion ...was *most likely* the appendix")

4.(P.7) In the 3rd paragraph (Appendiceal tumors are rare....): You may delete the last portion of this paragraph. You don't have to describe the two cases reported by others so clearly.

- In according to reviewer's suggestion, we deleted the last portion of 3rd paragraph on page 7.

5.(P.8) The 3rd paragraph (Preventive appendectomy...): The English needs to be corrected from the sentence "The final histopathological results..." to the last one.

- We revised the some uncertain expression and polished the some sentences.

6.(P.8) I think you need to perform endoscopic surveillance to see if there is any polyp in the other portions of the GI tract of this patient.

- Yes, we deeply agreed with reviewer's opinion. The patient will be performed the endoscopic surveillance.

7.(P.9) The last paragraph of discussion: The English needs to be corrected from "We recommend that histologic...". Since the pathological study is necessary for every surgical specimen, you don't need to recommend. Please try other words to have a better expression!

- Yes, we revised the paragraph you mentioned.

Reviewer 01441415

The priority of this paper is just the rarity of the disease and the type of growth. However, it has a certain level of attraction and impact for physician. This paper contains several typos and errors of usages of references. It is strongly recommended to revise. (1) esophagogastroduodenostomy should be esophagogastroduodenoscopy (2) The ref.4 is put on inappropriately and should be on the end of the sentence. Make sure all refs. (3) Miyhara should be Miyahara (4) The last 3 sentences "We recommend..." are recommended to delete, because first two are unnecessary to mention and I can not understand what the word "difficult" means in the last.

- Thank you for your detailed comment.

(1) We corrected typo from esophagogastroduodenostomy to esophagogastroduodenoscopy.

(2) Ref. 4 was put on the end of the sentence as you pointed out to us.

(3) "Miyhara" was changed to "Miyahara".

(4) Another reviewer also suggested deleting the sentences to us. "We recommend..." was deleted and we polished that paragraph including the word "difficult" in order to make the meaning clearer.

3 References and typesetting were corrected

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

Sincerely yours,



Chang In Choi, MD

Department of Surgery

Medical Research Institute, Pusan National University Hospital

179 Gudeok-Ro, Seo-Gu, Busan, 602-739, Korea

Fax: +82-51-247-1365

E-mail: getz0622@naver.com