

Answering Reviewers

Comments:

Dear Authors, this is a very original paper depicting an exceptional clinical case. The interest of the article may be broad in different areas (genetics, colorectal surgery, pediatric surgery). Please review English language, it may be improved.

Reply:

We agree that there were some language issues in the previous article and have modified the terminology throughout the text as appropriate.

Comments:

In the abstract you have said that "surgical resection of duplication colon is the only approach to achieve a cure" First of all it is a contradiction because in your practice you have done a total colectomy! Secondly, what were the reasons that have pushed you to perform a total colectomy? You must precise them. What was the quality of life after a total colectomy of your patient: The number of stools per day, did he gain weight? The follow-up was too short in my opinion (12 months).

Reply:

The reasons for performing subtotal colectomy in this patient were not clearly articulated previously, and we humbly submit to you and explain here: (1) It was hard to separate the native and duplicated bowel segment due to their intimate anatomical relationship; (2) The native colon presented with a thickened colonic wall, stiffness, and poor peristalsis, which might be associated with the chronic inflammation because of colonic duplication. Considering the characteristics of colonic duplication, the direction of peristalsis in the colon and the patient's chief complaint, we suspected that the peristalsis in the native colon was also affected (loss of ganglion cells indicated by postoperative pathology). In this context, there might be a high risk of developing complications after resection of the duplicated bowel

segment. Therefore, subtotal colectomy was decided.

After double-checking the patient's file, we have finally confirmed that the follow-up period to date is 10 months. We apologize for the poorly stated follow-up time previously, and we agree with you that the follow-up time is short, and we will follow this patient for a long time, but it is reassuring that the patient had normal bowel movement once daily with the stools presenting as yellow and soft from the third month after surgery to date. Satisfactory results were found at recent follow-up, including body gain from preoperative 60 kg to 70 kg and BMI increase from 17.54 kg/m² to 20.47 kg/m². The patient has now successfully enrolled in college and started a new life.

Best regards,

Zhe-Ming Zhang