Dear Editor and Reviewers:

Thank you very much for your letter and advice. we appreciate you very much for their positive and constructive comments and suggestions on our manuscript entitled “Surgical Management of Duodenal Crohn's disease” (Manuscript NO: 84020, Retrospective Study). Those comments are all valuable and very helpful. We have studied comments carefully and have made correction which we hope meet with approval. Below we provide a point-to-point response to the comments:

Reviewer #1:

Specific Comments to Authors: 1- Have the patients had any history of prior surgery for Crohn's disease complications and duration of patients' disease? 2- Do you have any information about the size of stricture in patients with stricture? 3- Have you defined any criteria or scales for disease recurrence or complications in ileocolonoscopy within the post-surgery follow-up period?

Reply:

1. None of these patients had undergone abdominal surgery for Crohn's disease complications prior to the present operation. The time from symptom onset to first abdominal surgery was 24(46.33±51.39) months.
2. When Crohn's disease affects the duodenum, leading to duodenal obstruction, our priority is to perform stenosis dilation and place a nutritional tube under gastroscopy. Once the patient's symptoms improve, we then perform an abdominal CT examination. The size of the narrowing in the CT examination differs from that seen in the early stages of the disease; therefore, it was not included in this article.
3. Postoperative anastomotic recurrence： Crohn's disease patients underwent colonoscopy more than 6 months after surgery and were scored i1-i4 according to the Rutgeerts criteria. Endoscopic recurrence was defined as a Rutgeerts score ≥i2. Postoperative surgical recurrence： It defined as the reappearance of clinical symptoms of Crohn's disease requiring surgical treatment, as well as endoscopic recurrence confirmed by endoscopy with a Rutgeerts score of i2 or higher, radiological evidence of recurrence, and histological evidence of recurrence.

Reviewer #2:

Specific Comments to Authors: 1) Erase the patient names of Table 1. 2) Put the postoperative state of each case in Table 1. 3) Discussion seems to be a comprehensive theory. That's not bad, but it feels uncomfortable as an Original Article. I feel it is better to write more in accordance with cases.

Reply:

1. I have revised it according to the comments.
2. I have revised it according to the comments.
3. Your feedback is very objective. This study has made appropriate adjustments to the discussion section by sharing our own surgical experience and combining it with current cutting-edge literature.