

ANSWERING REVIEWERS



April 9, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9344-review.doc).

Title: Laparoscopic partial resection for hemangioma in the third portion of the duodenum

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9344

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

The parts of the manuscript that have been significantly revised are highlighted in red color.

In accordance with the reviewer's comment, this manuscript was edited by the English language editing companies: American Journal Experts

(1) *The authors present the case of a man having bleeding hemangiomas in the third portion of the duodenum and in the jejunum. The case is well described and gives new information. However, a great deal of language polishing is needed. In fact, after improvement of English language the title will better reflect the content of the paper and the Abstract will be better readable. Moreover the authors should include in the discussion a comparison between their surgical approach (totally laparoscopic resection) and the surgical approach proposed by Poultides et al. in 2011 (hand-assisted laparoscopic local duodenal resection) for tumors of the third portion of the duodenum.*

Response: In accordance with the Reviewer's comment, we have added the following text to the Discussion: "Poultides GA et al[8] reported hand-assisted laparoscopic local duodenal resection was associated with shorter operative time compared to the totally laparoscopic approach. However, hand-assisted approach is necessary the mini-laparotomy incision reached a length of 60-70 mm, or more. Furthermore, extracorporeal duodenal resection and closure is conducted in a limited working space with restricted vision, thus making it difficult especially on obese patients.", and added Reference: 8. Poultides et al. in 2011

(2) *I would only suggest some grammatical corrections, for example – Abstract After performing a laparoscopic Kocher maneuver was performed, the Text tumors, including in the duodenum has from the serosal side of duodenum we cut through full-thickness third portion of duodenum treated by totally laparoscopic was located extremely closed Despite of the preoperative finding*

Response: In accordance with the reviewer's comment, we corrected these grammatical errors.

(3) *My main comment is that I believe that these tumors have been removed before and that the important of this paper is giving a clear technique for removal of these lesions. I think all comments regarding this being the first laparoscopic removal of a lesion in the 3rd portion of the duodenum needs to be removed. There are*

a few areas that could be reworded. At the end of the abstract I would add the word "duodenum" after third portion and in the introduction "invasiveness" is used to describe laparoscopic over open surgery. In my opinion laparoscopic and open surgery are equally invasive but there is a shorter recovery for most laparoscopic procedures over open.

Response: In accordance with the reviewer's comment, we have changed the order of key words: the word "duodenum" after "third portion", and add the following text to the introduction: "For the benign duodenal tumors in the third portion, if endoscopic resection is not adapted, this less invasive technique may be a standard treatment."

(4) *The term "hemangioma" refers to the common tumor of infancy that exhibits rapid postnatal growth and slow regression during childhood. It may cause confusion with venous malformations that are often incorrectly called "cavernous hemangioma". A great variety of vascular anomalies is incorrectly referred to as "hemangiomas" in the medical literature and a significant number of patients receive ineffective and potentially harmful treatment based on misclassification. This case illustrates these misdiagnosis.*

Response: In our case, bleeding from "hemangioma" caused his anemia. After surgery, his anemia was improved, and he could discharge without no symptom.

3 References and typesetting were corrected

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

Sincerely yours,

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