

Format for ANSWERING REVIEWERS



April 14, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format.

Title: Gastrointestinal Imaging - Practical MRI Approach

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Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 9422

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

- (1) This is a well-written article describing the technical aspects of gastrointestinal MR imaging and presenting a practical approach for a well-known spectrum of gastrointestinal disease processes. The various sections well describe the different findings that can be observed on MRI. The paper is supported by an interesting and accurate iconography.
- (2) In this pictorial review, the authors presented a comprehensive disease spectrum of MRI in gastrointestinal tract. This very nice manuscript will be a practical guide to promote the use of MRI and to interpret the MRI findings in gastrointestinal disease.
- (3) In this paper an excellent review of MRI imaging capability for a variety of gastrointestinal disease is provided. Although some of the advantages of using MRI technology in comparison to CT or barium techniques are provided, it is unclear how this information might be used to change the clinical management of these patients. In particular for most inflammatory bowel diseases colonoscopy and not CT or barium imaging is the primary method for managing these patients, and it is unclear how MRI imaging could be applied for such patients.

Endoscopy and histologic examination continue to be the standard approach for the diagnosis of inflammatory bowel disease; however, in the setting of Crohn's disease (CD), diagnosing lesions in the small bowel between the distal duodenum and mid ileum has been a challenge. One additional benefit of performing MRI before capsule endoscopy is to exclude high-grade strictures that could result in capsule retention. Endoscopic tests and biopsies evaluate the mucosa but do not evaluate inflammation or fibrosis within the submucosa or deeper tissues. This is especially important for patients with CD, as the disease affects the full thickness of the bowel wall and also the adjacent fat and mesentery. These features have substantial clinical implications also because of the mucosa's high regenerative capacity; its evaluation alone might under characterize the true extent and activity of disease. We believe that MRI and endoscopic studies will have a synergistic effect, as a combination of these methods might result in the best diagnostic approach to this subset of patients. The focus of this paper was to review the main

MRI findings of GI tract pathologies and to propose a practical approach based on easy-to-implement protocols. It was not our intention to favor MRI over endoscopic methods.

Sincerely yours,
Richard C Semelka

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