

Jan 9, 2019

Dear Editorial Director,

I appreciate your review and resubmit the enclosed manuscript (43357) “Intestinal endometriosis: diagnostic ambiguities and surgical outcomes” to be considered for publication in World Journal of Clinical Cases. I completely agree with reviewers’ pertinent comments and sincerely appreciate them. I have done my best to correct and add in accordance with the comments. Complete corrections and additions are provided in the revised text as highlighted characters in yellow and here are point-by-point answers.

**Answer to Reviewer #1**

**Q1. Regarding the diagnosis of intestinal endometriosis, what is the recommendation of the authors?**

**(MRI + TVUS?; MR-enterography?, RBC scintigraphy?) - what is known about the possible malignant**

**transformation of endometriomas?:** We prefer pelvic MRI or TVUS in cases that the intestinal

endometriosis was strongly suspicious. TVUS is useful to know the depth of invasion of a lesion. However,

there is a limitation in inspection, and it is helpful if MR is performed supplementarily. We added a finding of

MRI of a patient who was diagnosed intestinal endometriosis preoperatively to explain the usefulness of MRI

in diagnosis of intestinal endometriosis (manuscript page 9). MR-enterography and RBC scintigraphy are also

good modalities of a high accuracy to diagnose the intestinal endometriosis. In our data, unfortunately, we

have not found a case that those tools were used, but we think those modalities are very useful when an exact

identification of location or extent of a disease is required (manuscript page 12~13). Malignant transformation

of endometriosis is known to be very rare and it is actually beyond our study. We excluded all cases that the

intestinal endometriosis was diagnosed incidentally after surgery for malignancy including endometrial cancer.

Thus, it was not possible to know sufficient information about malignant transformation of endometriosis.

Additionally, it was possible that some intestinal endometriosis cases were excluded after selecting cases and

the comment related with this was added as a limitation in discussion (manuscript page 15).

**Q2. 1. Figure 3 should be added immunohistochemistry staining, such as CD10, ER and PR, to further**

**confirm the diagnosis of endometriosis. 2. In the first paragraph of introduction, "symptoms of endometriosis often worsen during the menstrual cycle" should be corrected as "symptoms of endometriosis often worsen during the menstrual period". the period and the cycle are two different concept.:** We reviewed the results of immunohistochemical staining of the patient of figure 3 and added them in figure 4C,D. The result of PR was not available because ER and CD10 are routinely performed to confirm the endometriosis in our institution (manuscript page 10~11). We also completely agree with the comment of reviewer about the wrong word 'cycle' and corrected it to 'period' (manuscript page 6).

Additionally, the grammar and typographic errors were also corrected by the native-speaking editor. Again, I appreciate the editorials and reviewers to point out very important issues, enabling our study to be clearly informative. I look forward to your review.

Best wishes.

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