

ANSWERING REVIEWERS



February 25, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 16312-review.doc).

Title: How to treat an extensive form of primary intestinal lymphangiectasia?: a case report.

Author: Rosana Troskot, Dragan Jurčić, Ante Bilić, Marija Gomerčić Palčić, Stanko Težak, Ivana Brajković.

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 16312

The manuscript has been improved according to the suggestions of reviewers:

1. Revision has been made according to the suggestions of the reviewer

To reviewer:

Thank you for your valuable comments, which we agree with and are now incorporated and noted in the text of the manuscript. We hope you will be satisfied with answers written below as well as changes we made in the manuscript and accept our revised manuscript.

First comment:

Chest and abdominal CT scans are missing: the exclusion of mediastinal and abdominal lymphoma /sarcoma is part of the diagnostic workup.

Answer to first comment:

During diagnostic workup we thought of mediastinal and abdominal lymphoma/sarcoma as a cause of secondary intestinal lymphangiectasia and therefore multislice computed tomography of chest and abdomen was performed. There were no signs of lymphoma, lymphadenopathy and neoplasms. We incorporated mentioned method and results in the text of the manuscript but due to negative result we didn't include pictures.

Second comment:

Abdominal Doppler US: exclusion of portal hypertension or failed mesenteric venous circulation are also parts of the differential diagnostic work.

Answer to second comment:

We also thought of portal hypertension and compromised mesenteric venous circulation so we performed abdominal Doppler ultrasound by which we didn't find any sign of such pathology. We incorporated mentioned method and results in the text of the manuscript. Since the result was negative we didn't include pictures in the manuscript.

Third comment:

The relatively short term octreotide treatment resulted remission. Are the gastrointestinal neuroendocrine diseases excluded? There are no data about.

Answer to third comment:

We thought of neuroendocrine tumors. Levels of 5-Hydroxyindoleacetic acid (5-HIAA) in 24-hour urine and serum chromogranin A were within referral range. It is also now incorporated in the text of the manuscript.

All mentioned tests and methods to exclude secondary intestinal lymphangiectasia were performed during diagnostic workup and are now incorporated in the manuscript. For earlier mentioned tests and methods we have evidence we performed it during diagnostic workup. Because the results were negative we didn't include pictures in the manuscript.

2. References and typesetting were corrected

3. Manuscript was edited according to editor's suggestions.

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

Sincerely yours,



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