

## Format for ANSWERING REVIEWERS

January 2, 2015



Dear Editor,

**Title:** Epstein Barr Virus-positive Mucocutaneous Ulcer of the colon associated Hodgkin Lymphoma in Crohn's disease.

**Author:** Neil R. Moran, Bradley Webster, Kenneth M Lee, Judith Trotman, Yiu-Lam Kwan, John Napoli, Rupert W. Leong

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 14110

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

We thank the reviewers for their time and comments and in particular their positive feedback on the rare complication of EBV-associated mucocutaneous ulcers complicated by Hodgkin lymphoma.

REVIEWER 1

It is a very interesting and very well written case presenting the rare complication of Epstein Barr Virus positive Mucocutaneous Ulcer of the colon associated Hodgkin Lymphoma in a patient with Crohn's disease.

Thank you for your comments.

Minor suggestions:

1. **TITLE:** May be the title should be more specific for this rare complication regarding the site and the disease background (i.e. "Epstein Barr Virus positive Mucocutaneous Ulcer of the colon associated Hodgkin Lymphoma in Crohn's disease")

Thank you for this suggestion. The title has been changed accordingly to "Epstein Barr Virus-positive Mucocutaneous Ulcer of the colon associated Hodgkin Lymphoma in Crohn's disease".

2. In "CASE REPORT SECTION": Why the distal location of EBVMCU precludes selective subtotal colectomy with end-to-end anastomosis? The authors should explain about the difficulties, their thoughts and their decision with more detail.

This has been explained in the 'peer review' section of case highlights. The rectal circumferential ulcer was too distal to allow sufficient margin for an end-to-end anastomosis of low anterior resection. It was visualised by our colorectal surgeon and on further discussion with the patient she was not prepared for the quality-of-life consequence of an AP resection. We had considered surgery and even tattooed the lesions with India Ink endoscopically in preparation for guiding surgical resection. However, the patient did not provide consent in light of cases of EBV MCU demonstrating a benign outcome.

REVIEWER 2

This well-written report conveys important clinical information that is worth of publication

Thank you for your comments.

3 References and typesetting were corrected

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

Sincerely yours,

*Neil Moran*

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