

December 17 2023

Dear Editor

We would like to sincerely thank the editor, referee(s) and the reviewers for their comments, which have helped us to improve the manuscript substantially. We have revised the paper. All changes are marked in the revised manuscript. We are also submitting a clean copy of the article. Please do not hesitate to contact us if you have any questions related to this paper.

Sincerely,

Corresponding Authors:

Ji Eun Kim, MD., Ph.D.

Division of Gastroenterology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, 81 Irwon-ro, Gangnam-gu, Seoul 06351, Republic of Korea.

Phone: +82 234103409, Fax: +82 234106983, e-mail: happyjinny0706@gmail.com

Response to comments from reviewer 1

Thank you for the opportunity to review this paper. The paper proposes the institutional protocols for diagnosing primary intestinal lymphangiectasia, and provides valuable clinical data. However, there are still some details that need to be modified.

Response: We sincerely appreciate your positive review.

1.The aim mentioned in the abstract, "share the experiences of adult patients diagnosed with PIL", is rather vague. I suggest specifying the content.

Response: Thank you for your encouraging comments. We have revised the sentence as you suggested in the abstract.

“Aim: We outline the current protocol for PIL diagnosis and provide insights into the diagnosis, treatment, complications, and prognosis of PIL.”

2."This paper holds significant importance as it provides the first insights into the diagnosis, treatment, complications, and prognosis of adult patients with PIL. Given the rarity of PIL and the limited number of case reports in adults, there was a lack of guidance for diagnosis and treatment. This study presented the institutional protocols for diagnosing PIL, a cause of protein-losing enteropathy, among patients exhibiting the aforementioned clinical symptoms and blood test results. Sharing such protocols has the potential to aid physicians encountering similar patients, offering them a valuable point of reference." I recommend incorporating this paragraph into the abstract.

Response: Thank you for your recommendation. We have revised the abstract as follows.

“Background: While intestinal lymphangiectasia (PIL) is considered a rare condition, there have been several reported cases in adults. Nevertheless, the absence of clear guidance from diagnosis to treatment and prognosis poses challenges for both physicians and patients. Therefore, we aim to share the experiences of adult patients diagnosed with PIL at our tertiary referral center.

Aim: We outline the current protocol for PIL diagnosis and provide insights into the diagnosis, treatment, complications, and prognosis of PIL.

Methods: We enrolled adult patients diagnosed with PIL between March 2016 and September 2021. The primary outcome involved examining the diagnosis and treatment process of these patients. The secondary outcomes included identifying complications (infections, thromboembolism) and assessing prognoses (frequency of hospitalization and mortality) during the follow-up period.

Results: Among the 12 included patients, peripheral edema (100%) and diarrhea (75%) were the main presenting complaints. Laboratory tests showed that all the patients exhibited symptoms of hypoalbuminemia and hypogammaglobulinemia. Radiologically, the predominant findings were edema of the small intestine (67%) and ascites (58%). The typical endoscopic finding with a snowflake appearance was observed in 75% of patients. Among the 12 patients, two responded positively to octreotide and sirolimus, and eight who could undergo maintenance therapy discontinued subsequently. Complications due to PIL led to infection in half of the patients, thromboembolism in three patients, and one death.

Conclusions: PIL can be diagnosed in adults across various age groups, with different severity and treatment responses among patients, leading to diverse complications and

prognoses. Consequently, tailored treatments will be necessary. We anticipate that our findings will contribute to the management of PIL, an etiology of protein-losing enteropathy.”

3.As for the "Statistical Analysis", considering the small number of cases due to the rarity of the disease, it might not be necessary to elaborate this as a separate section. I suggest to briefly cover this in the table footnotes or somewhere within the main text.

Response: Thank you for your fine comments. We have removed the “Statistical Analysis” section and included its content as a footnote in the tables, as per your suggestion.

Response to comment from science editor

(1) Please provide the Biostatistics statement. (2) Please provide the Institutional review board statement. (3) Please provide the Informed consent statement.

Response: We apologize for the missing information. We inserted that between the “Discussion” and “Reference” sections.

(4) Please provide the Language certificate. The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response: We have received corrections from Editage and have attached the certificate.

(5) Please provide the Figures cited in the original manuscript in the form of PPT. All text can

be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

Response: The image used in the figures of this paper is our institution's original data specifically collected for this study. As it does not involve the unauthorized use of images from elsewhere, we have not attached separate documents related to copyright. We have revised the figure legends in accordance with your suggestions and have attached the PPT file.

(6) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

Response: Thank you for your comment. The figures in our paper are not copied from elsewhere.

(7) Please don't include any *, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP < 0.05, bP < 0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, cP < 0.05 and dP < 0.01 are used, and a third series of P values is expressed as eP < 0.05 and fP < 0.01. 4 Recommendation: Transfer to other BPG journals World Journal of Gastrointestinal Surgery).

Response: Thank you for your comment. We have removed all the symbols you pointed out in the main text, and there are no P values expressed in this paper.

Response to comment from company editor-in-chief

I recommend the manuscript to be published in the World Journal of Clinical Cases. When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Response: Thank you for providing us with the opportunity for a transfer.