

October 20, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7332-review.doc).

Title: "Title: Fatal aorto-esophageal fistula bleeding after stenting to treat a leak post laparoscopic sleeve gastrectomy"

Author: Majid A Almadi, Fahad Bamihriz, Abdulrahman M Aljebreen

Name of Journal: *World Journal of Gastroenterology Surgery*

ESPS Manuscript NO: 5237

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) Reviewer No. 1

- Reviewers comment

The authors have reported an interesting case of sleeve gastrectomy complication and an alarming finding on metal stent use for treatment of gastroesophageal leak.

- Response

We thank the reviewer for his impression about the manuscript, we do agree that the complication described in the manuscript, although rare, does deserve specific attention on part of clinicians who deal with such patient populations.

(1) Reviewer No. 2

- Reviewers comment

The argument is of absolute interest. At least from a surgical point of view. It is true that such a complication has never been described following a bariatric procedure. But as you stated, it's also true that this complication is amid the risks of the metallic stent itself. Therefore, while a bariatric surgeon like me could be interested to the argument, a physician not directly involved in the treatment of a such particular and specific condition as a leakage following a sleeve gastrectomy could not grasp the peculiar features described in your case report. Basically, what I suggest you to do is: -to revise the English level, which is quite poor -to take under consideration you submit your case report to a surgical journal, possibly with a specific section for bariatric surgery and its complications -if you still want to communicate a specific warning to the community of the physicians (even if not directly involved in the management of bariatric surgery, carrying your experience as example for possible similar complications that could happen even following other similar procedure performed because of other indications) I think you will need to change completely the message of your paper

- Response

We do respect the reviewer's opinion about the manuscript. If we understand correctly, we believe that his argument is based on the belief that the readership of the *World Journal of Gastroenterology* would not benefit from such a reported complication and "could not grasp the peculiar features described".

We find that a bit judgmental on his part, since we believe that the journal has a broad readership in multiple fields one of which is bariatric procedures. Gastroenterologists have an expanding role in the management of complications in the perioperative period for patients undergoing bariatric surgeries. This is evident just by looking at the references that have been included in this submitted manuscript as well as recent systematic reviews in the literature, not to mention newly introduced weight reduction procedures that are mainly performed by gastroenterologists, for example: the insertion of the Endobarrier device as well as the Primary Obesity Surgery Endolumenal "POSE" procedures.

As for the comment on the level of English, we do believe that it is of adequate proficiency as the first author of the paper is a native English speaker and an American by birth. The language level has also been evaluated by the first reviewer as "Grade A: priority publishing".

Again, we do respect the reviewer's comments, but we do not think that it is constructive which may be due to the fact that he views the topic from a different perspective.

3 References and typesetting were corrected.

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

Sincerely yours,

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