

## **Responses to Reviewers**

Reviewer 1:

A good review on the subject, however the manuscript requires minor language polishing.

Thank you very much for your kind comment. The manuscript has been revised through a professional language editor.

Reviewer 2:

It is a well written clinical report about the rarely occurring sclerosing mesenteritis including three cases with pictorial presentation. The information conveyed should be of help to the peers in the same field for improving their clinical practice.

Thank you very much for your kind comments. The manuscript has been revised through a professional language editor.

Reviewer 3:

CRITIQUE: This manuscript is very interesting and should be published after minimal revision has been made. It is a report of 3 cases of this rare disease which required surgical attention.

Thank you very much for your positive vote.

1. The paper is excellent regarding English grammar, syntax and medical terminology.

However, in page 4, Case report , line 5: omentum majus ...should be corrected as: greater omentum. In line 7 the term subileus should be replaced by: incomplete intestinal obstruction. In page 6 last line; ...with fever (13). Please delete with.

Thank you for your remarks. We changed the text appropriately.

2. In the abstract the authors should not include a summary of the introduction or the discussion. They should keep a couple of general statements regarding the nature of the disease and then continue with a brief summary (2 to 3 sentences) of the three cases they report in this paper.

Thank you for this comment. We changed the abstract as proposed.

3. In the three cases presented in this paper the first and the third one were diagnosed as sclerosing mesenteritis using the computerized tomography scan. In the second case it would be interesting to know if there was any thickening of the mesentery histologically at the resected intestine; otherwise it would be a case of postoperative sclerosing mesenteritis.

The initial histology revealed no signs of thickening of the mesentery, so that we postulate that it was a case of postoperative sclerosing mesenteritis.

4. Did the authors check the patients' serum IgG4 levels in any of the cases, as it is known that this disease may belong to the class of IgG4-related sclerosing disorders (Graham et al. Case Rep Gastroenterol 2016; 10: 63-67, and Chen, et al. J Clin pathol 2008; 61: 1093-97). The authors should add a comment in the Discussion regarding the immunological aspect of the pathogenesis and diagnosis of this disease.

Thank you for this interesting comment. Unfortunately we have no data about IgG4 levels of these patients. But we included a comment into the discussion part and added the proposed references.