

March 10, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8585-review.doc).

Title: Optimal b value of Diffusion-weighted Imaging on 3.0T Magnetic Resonance Scanner — detecting active inflammation in Crohn's Disease

Author: Qi Feng, Yunqi Yan, Jiong Zhu, Jinlu Tong, Jianrong Xu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8585

The manuscript has been improved according to the suggestions of reviewer 1:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) The abbreviation used in abstract was revised.

(2) In revised paper, we chose another group of patients with active Crohn's disease. In this group, all patients underwent small or large intestinal endoscopy. Among them, the small intestinal endoscopy was conducted by per-anal route. We evaluated the image quality of DWI images of these patients and the diagnostic effect of DWI on both small and large intestinal lesions with the same statistical methods.

3 References and typesetting were corrected.

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The manuscript has been improved according to the suggestions of reviewer 2:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) In our study, these thirty-one patients accepted small and large intestinal endoscopy within two weeks before MR scanning to confirm the active CD diagnosis, as well as other clinical activity index, such as ESR and CRP. The two radiologists who evaluated DW images did not know the results of both clinical activity index and endoscopy findings. Then the author compared the DWI results with endoscopy findings and did statistics. So this is a prospective study.

(2) In this revised edition, another thirty-one patients underwent small and large intestinal endoscopy were chosen for evaluation. Some of them were newly included and some of them were the same as those enrolled in the group mentioned in original edition. The small intestinal endoscopy was conducted by per-anal route. So eight intestinal segments would be evaluated for each patient: proximal ileum, distal ileum, terminal ileum, ascending colon, transverse colon, descending colon, sigmoid colon, and rectum and a total of 248 intestinal segments were evaluated.

3 References and typesetting were corrected