

ANSWERING REVIEWERS

November 3, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 22638-Revised manuscript.docx)

Title: Laparoscopic resection of adult colon duplication causing intussusception

Author: Kennoki Kyo, Masaki Azuma, Kazuya Okamoto, Motohiro Nishiyama, Takahiro Shimamura, Atsushi Maema, Motoaki Shirakawa, Toshio Nakamura, Kenji Koda, Hidetaro Yokoyama

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The manuscript has been improved according to the suggestions of reviewers and all changes in the manuscript are underlined for easy finding.

Revision has been made according to the suggestions of the reviewer

Reviewer's code 00503824

1) In retrospect, if the condition had been considered, would the CT images have been diagnostic or would there still have been doubt? The authors claim that it is difficult to make a correct diagnosis without knowledge of the disease (stated in the abstract and final paragraph of the discussion). However even if known, could it have been diagnosed pre-operatively?

Answer: The CT images that showed stool-like material in the cystic mass would be very diagnostic and colon duplication would be strongly suspected and at least should

be included in the differential diagnosis. However, as mentioned in DISCUSSION, there are 4 variations in the gastrointestinal duplications, and with the experience of only one type and without enough knowledge of the disease it would be difficult to make a correct diagnosis for another type of duplication.

- 2) The authors claim that laparoscopic resection is the treatment of choice, presumably over open surgery, because of the minimal invasive nature of the procedure. However the patient was discharged 7 days post op which seems rather long for a laparoscopic colonic resection. ? Based on one this one case report, I think that the recommendation of laparoscopic rather than open resection seems a bit strong.

Answer: The mean number of hospitalization days after surgery for colorectal cancers in our institute was 9 and 18 after laparoscopic and open surgeries, respectively. Because of management problems under DPC (diagnosis procedure combination) systems of Japan we can't shorten hospitalization days much more even after laparoscopic surgery.

- 3) Core tip: this is a repetition of the abstract and should be shortened.

Answer: We made Core tip more concise.

- 4) Case report: The narrative is rather misleading. The first sentence suggest that the patient had a colonoscopy then other tests including another colonoscopy.

Answer: As for colonoscopy we added the term 'at a clinic'. The first colonoscopy was done at a clinic.

- 5) Figure 1: An arrow is needed in B to show the intussusception.

Answer: We have added an arrow in Figure 1B to show the intussusception.

- 6) Figure 1: There seem to be two other duplicate images that are not labeled.

Answer: In Guidelines for Manuscript Preparation and Submission it is written that Figures must be submitted in 2 versions: one with the markers and the other without.

- 7) Figure 2: an arrow should show the mass

Answer: We have added an arrow to show the mass.

Reviewer's code 03317222

- 1) No abstract in the sentence "We describe here the case ..." the word here should be removed The Core tip, in the sentence "We describe here the case ..." the word here should be removed In the Introduction, the sentence "We describe here the case ..." the word here should be removed

Answer: Thank you for the suggestions. We have removed, as suggested, the word 'here' in the Abstract, Core tip and Introduction.

Reviewer's code: 01207047

- 1) In discussion part the authors should add the list and related references of other submucosal cystic lesions and neoplasms of gastrointestinal system which may cause difficulty in the clinical, endoscopic, and macroscopic differential diagnosis.

Answer: We added the differential diagnosis in the last paragraph in Discussion and their related references.

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

Kennoki Kyo, MD, PhD

Department of Surgery

Fujieda Municipal General Hospital

4-1-11 Surugadai, Fujieda

Shizuoka 426-8677, Japan.

Fax: +81-54-646-1122

E-mail: kkyo@vega.ocn.ne.jp