Format for ANSWERING REVIEWERS

22 March 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2048-review).

Title: Cap Polyposis: a Rare Cause of Rectal Bleeding in Children

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2048

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 and highlighted in yellow in the main manuscript.

1.Reviewer Comments 000227398:

It is difficult to know if this is rare or just under recognised condition, or both; comment on how this may be differentiated may help.

Reply:

We have included the statement below in our discussion section:

CP is a rare but distinct disorder with characteristic endoscopic and histological features first described by Williams in 1985 [1]. Although CP was first described more than 20 years ago, this disease is still not well recognized by physicians. Only approximately 60 cases have been reported in the English language medical literature, mainly as case series or case reports. Due to its rarity, CP is often under-recognized and misdiagnosed as inflammatory bowel disease IBD, leading to prolonged and inappropriate treatment.

2.Reviewer Comment 00034168:

What kind of recommendation can be given from these cases to the clinical doctors and pathophysiologists, thus to avoid the misdiagnosis of this disease? Especially how to tell the difference with IBD? 2. Misdiagnosis can cause wrong treatment. Any suggestion for the treatment protocol?

Reply:

We have included the following in the conclusion section of the manuscript:

CP is a rare cause of rectal bleeding in children. Awareness of this diagnosis is important as the clinical and endoscopic features of CP can mimic IBD, and a misdiagnosis can result in prolonged and inappropriate treatment. CP polyps are distinctive inflammatory polyps covered by a cap of fibrinopurulent exudates normally located at the apices of the mucosal folds with normal intervening mucosa both macroscopically and on histological examination. Although the pseudopolyps in IBD have granulation tissues, the intervening mucosa is usually associated with inflammatory changes, such as superficial ulcerations, granularity and/or friability with crypt abscesses. CP is mainly localized to the rectum and sigmoid, whereas the pseudopolyps in IBD may involve the entire colon. Clinically, CP patients are also more likely to have normal inflammatory markers with no extraintestinal manifestations, such as weight loss, oral ulcers, joint pain etc.

The clinical course of CP has not been well described. CP may in some instances, be a self-limiting condition. A complete colonoscopy should be performed as polyps have been described throughout the colon; when possible, a total polypectomy is recommended. Patients with predominant straining/constipation symptoms can be treated with laxatives and advised to avoid straining. Medical treatment including antibiotics (eg metronidazole) and eradication therapy for Helicobacter pylori has been shown to be effective in some reports. There is currently no good evidence for using aminosalicylic acid or immunosuppressive therapy for treatment of CP. Surgical resection may be indicated if symptoms persist despite medical therapy, although recurrence has been described post-operatively.

3.Reviewer Comments 00053446

The advantage of this article is the probably high number of endoscopy screened in the study interval. Please report the total number of pediatric patients undergoing an endoscopic investigation between 2000 and 2012 so that it is possible, and useful, to calculate the disease prevalence for a rare pathology.

Reply:

The total number of endoscopy has been included in the method section.

4.Reviewer Comments 00039143

Reply:

1. The title of the manuscript has been changed as suggested.
2. Abstract has been revised to include: CP is a rare condition previously described mainly in adults. There is no reported incidence rate in adult as cap polyposis is a rare condition and the epidemiology has not been well studied.
3. We have added a sentence regarding Hospital Ethics committee approval has been obtained for the conduct of the study.
4. All references were altered accordingly.
5. Table 2 – elimination of Alb-Albumin, CRP-C Reactive Protein, PR- per rectal were deleted accordingly.

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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