

Format for ANSWERING REVIEWERS



February 12, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14805-review.doc).

Title: Pedunculated Colonic Lipoma Prolapsing Through the Anus

Authors: Omar M Ghanem, Julia Slater, Puneet Singh, Richard F Heitmiller, Joseph D DiRocco

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 14805

I would like to thank the reviewers for the substantial time they spent reviewing our manuscript. The reviewers' concerns were addressed and the manuscript has been edited accordingly. This letter provides my feedback (**written in bold**) to each of these comments. Reviewer 00068250 (Answers in **BOLD**)

This article is about a trans-anal mass finally diagnosed as colonic lipoma. The following suggestions are for its improvement. The manuscript is well written and the result of the management is acceptable.

1- The preliminary diagnosis should be given before the explorative laparotomy.

Exploratory Laparotomy was NOT performed. Only trans-anal excision of the mass was performed.

2- Image studies should be suggested before surgery, such as ultrasound or CT. Although the patient has declined colonoscopic evaluation after the operation, image examinations are necessary for follow-up.

We agree that a CT scan or ultrasound would have added more value to the case. However, due to the severity of the pain and the relative urgency of the procedure and due to the location of the mass (anal prolapse), no pre operative imaging was performed. Moreover, although post procedural images and scopes were advised, patient was non complaint and did not give his approval to perform any post operative imaging or procedure.

Reviewer 00741994 (Answers in **BOLD**)

This is a well written case study but the value of the documentation is very modest.

1- The documentation of surgical removal and histopathology of a lipoma would have been much more interesting if presented with the results of CT or preferably perfusion and diffusion MRI, providing a correlation of imaging results with histopathology.

We agree that a CT scan, ultrasound or MRI would have added more value to the case. However, due to the severity of the pain and the relative urgency of the procedure and due to the location of the mass (anal prolapse), no pre operative imaging was performed. Moreover, although post procedural images and scopes were advised, patient was non compliant and did not give his approval to perform any post operative imaging or procedure.

2- Specific comment: p4. Line5-6: it was irreducible... please explain; did this involve squeezing or pulling?

We did not pull the mass since we did not know where the base of the mass's stalk was. Pulling the mass would have increased the risk of damaging or even perforating the colonic or rectal wall. In an attempt to reduce the mass, only manipulation and squeezing were performed with no success. The statement was edited accordingly (highlighted, Case Report section: page 4, line 12)

Reviewer 02446778

Nice article but needs minor changes.

Note that the format has been updated (changes are highlighted) and the references and typesetting were corrected.

Thank you again for publishing our manuscript in the World Journal of Clinical Cases.

Sincerely yours

Joseph DiRocco MD