
20th of July, 2013

Dear Editor,

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

Title: 'Enteroscopy In Small Bowel Crohn's Disease: A Review'

Author: Benjamin Tharian, Grant Caddy, Tony CK Tham.

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript Number: 3673

We are grateful to all the reviewers for their valuable and helpful comments, which we have addressed as detailed below. Thank you for allowing us some extra time to do the response letter and for submitting the edited article.

We have written a paragraph on core tips (on page 4 of the edited manuscript) as was recommended by the reviewer. The comments of the reviewers are in italics and the response included below it.

1. Reviewer No. 00028527.

First of all calprotectin is not routinely used at all places as what is the impression from line 4 of the introduction and in this paragraph the author should also add histology, which gives a higher level of information than calprotectin.

We have included histology and removed calprotectin from both the abstract and the introduction and agree with the reviewers' comments.

Further, I think it is not necessary in this context to describe the endoscopic abnormalities in Crohn's disease.

We have just mentioned the characteristic endoscopic features for completion sake and removed all details and nonspecific features.

Yes, a new table has been included with our recommendation and some generalized advantages and disadvantages. None specific to Crohns have been found, due to lack of studies looking at this in particular. The section for tables is after conclusions and before figures on page 14.

The authors have included 14 figures. However, I believe some of them can be deleted without missing any scientific information.

Yes, we agree and deleted 4 pictures, leaving only 8 most relevant ones to the review article. The ones that have been removed include the following legends:

Anatomy for the Non-Enteroscopist, Wireless Capsule Endoscopy, Push Enteroscope and Push Enteroscope under Fluoroscopic guidance. We have included the website or link for the pictures along with the legends.

2. Reviewer No. 00504435.

The name of Dr. Yamamoto is wrong. His name is Dr. Hironori Yamamoto.

Thanks for pointing out the error. The correction has been made in the article, in the first line under Double Balloon Enteroscopy on page 6.

? For total enteroscopy, DBE can be performed in the ante grade approach first, and followed by the retrograde approach, and vice versa.

We have mentioned this in the third paragraph under double balloon enteroscopy. Have now elaborated on the technique too.

Actual ileal intubation rates in the retrograde DBE are much higher than those described in this paper. Ileal intubation rates are usually more than 90% in high volume centers. Indeed, ileal intubation rate was 92% (80/87) in the manuscript which the authors cited in this part (May et al., 2005). The authors should rewrite this part.

Thank you for this information which we have now included (3rd paragraph under DBE, page 7) and rewritten the paragraph as

The paper does not give full assessment and comparison of different techniques, as well as the assessment of accuracy parameters? The assessment of costs also could be useful?

We have tried to tabulate the information that we could find from various studies comparing the various techniques. However the limitation in this was the scarcity of data, RCT's, in relation to enteroscopy in small bowel Crohn's disease, which are limited to case series and posters at various conferences. We have mentioned this as a limitation in the introduction and conclusion.

Maybe some assessment of complex investigations with several techniques could be analyzed?

We are uncertain what the reviewer is asking us to do. However we have tried to be as descriptive as possible in the role of the complex Enteroscopic procedures in small bowel Crohn's and summarized the overall impression in a table.

Maybe some recommendation according to the level of centre and according to the recourses could be proposed? Or some algorithms suggested?

We have incorporated our recommendations in the second paragraph of the Conclusion and proposed a table and a preliminary algorithm for use of the various tools available to the gastroenterologist, which in our opinion would be most cost effective, for assessing small bowel Crohn's.

Author, as an expert probably could provide some advices for the anatomical orientation and could suggest some technical tips?

We have tried to incorporate some of our own views and techniques with each procedure and also those recommended by Prof Yamamoto for DBE in public forums, with due acknowledgement, in the 3rd paragraph under DBE on page 7.

Perhaps the fig.14 is not needed? 9. Some other pictures are also copied from the manufacturer's websites.

A table summarizing the results of comparative studies of various modalities would be helpful.

We have included a table on page 15, which are the recommendations from our Centre with the information available. However due to lack of standardized scoring systems and comparative studies on enteroscopy in Crohn's disease, there are limitations, which we have addressed in the text (see comments two sections above this).

The conclusion section is lengthy. Please shorten and clarify it. The reference numbers are not necessary.

We have shortened the conclusion and removed reference numbers from this section as suggested by the reviewers.

In addition to the above recommendations and comments from the reviewers, we have also made minor changes throughout the paper, including trimming down details on Sonde Enteroscope that is of no clinical relevance these days (all tracked) to improve the flow of the article and restructured some sentences to improve readability.

Thankyou once again for considering the publication of our manuscript in the World Journal of Gastrointestinal Endoscopy. We hope that these changes are acceptable to the reviewers.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ben Tharian', with a long horizontal stroke extending to the right.

Ben Tharian

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COVERING LETTER

21th of April 2013

Dear Dr Song,

Please find enclosed the electronic copy of the full-text manuscript (ID (00503824)) in Word format.

Title: Enteroscopy In Small Bowel Crohn's Disease: A Review

Author: Benjamin Tharian MBBS MD MRCP, Grant Caddy MBBS MD FRCP, Tony Tham MD FRCP FRCPI, Department of Gastroenterology, Ulster Hospital, Dundonald, United Kingdom.

We have the pleasure to enclose the final edited version of our manuscript on Enteroscopy In Small Bowel Crohn's Disease: A Review. This is an interesting and well-written review of role of enteroscopy in management of small bowel Crohn's disease. The latter had been limited and suboptimal due to the inaccessibility of the small bowel. Diagnostic and therapeutic enteroscopy has had a significant renaissance recently. Technologic advances have extended the reach of the gastroenterologist.

Enteroscopy has become an essential tool in the diagnostic and therapeutic armamentarium available to a gastroenterologist. Its role has expanded from being a diagnostic instrument to a therapeutic one and more avenues for its unlimited potential role are being explored aggressively by endoscopists today. We have reviewed the various types of small bowel enteroscopy available today and reviewed the available evidence for its use, in addition to touching upon some historical techniques. Furthermore this review will remind fellow gastroenterologists and surgeons, about the ever increasing demand for the enteroscopy and the need for further randomized controlled trials and multicentre trials to clarify the controversies that exist today and to give us stronger evidence.

The content of the manuscript is original and it has not been published or accepted for publication, either in whole or in part, in any form. No part of the manuscript is currently under consideration for publication elsewhere. We consider it a privilege submitting it for publication to WJGE.

Sincerely yours,



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