Dear Editor,

Thank you for your comments and valuable suggestions concerning our revised manuscript entitled "Intestinal intussusception caused by intestinal duplication and ectopic pancreas: A case report" (Manuscript ID: 70037). We have revised our manuscript according to these suggestions, and all responses are listed point-by-point below.

Reviewer #1: In this manuscript, the authors report a new and interesting case of intestinal intussusception caused by intestinal duplication and ectopic pancreas. This is a quite well-written manuscript and the authors have made a respectable effort. The discussion of this manuscript is quite short, the authors must precise the number of cases of intestinal intussusception caused by intestinal duplication and ectopic pancreas separately. The quality of figure 1 must be improved (SHADES OF GRAY) and the legend should be more precise, for instance the authors must precise the difference between Figure 1A, Figure 1B, Figure 1C and Figure 1D The legend of figure 5 should be corrected: In fact the red arrow indicates the pancreatic duct and the green arrow indicates the pancreatic acinus. The references are not recent enough English language editing is mandatory.

Answer: Thank you very much for your suggestion.

1) We searched PubMed for the literature on adult intussusception and ectopic pancreas and summarized them in Table 1, highlighted in yellow.

Table 1. Adult intestinal intussusception and ectopic pancreas

Author	Year	Gender	Age	Location
Ganapathi S et al. ^[31]	<mark>2011</mark>	<mark>Male</mark>	<mark>26</mark>	ileo-ileal
Sciannamea A et al.[32]	2020	<mark>Female</mark>	<mark>33</mark>	<mark>ileo-ileal</mark>
Hirasaki S et al. ^[33]	2009	<mark>Male</mark>	<mark>32</mark>	<mark>jejunojejunal</mark>
Gold D et al. ^[34]	2020	<mark>Female</mark>	23	<mark>intestinal</mark>
Giordano A et al.[35]	<mark>2017</mark>	<mark>Male</mark>	<mark>29</mark>	<mark>jejunojejunal</mark>
Chuang MS et al.[36]	<mark>2010</mark>	<mark>Female</mark>	<mark>26</mark>	<mark>ileo-ileal</mark>

Abe I et al. ^[37]	<mark>2020</mark>	<mark>Female</mark>	43	<mark>ileo-ileal</mark>
Daniel NE et al.[38]	<mark>2021</mark>	<mark>Female</mark>	<mark>78</mark>	<mark>jejunojejunal</mark>

2) We retrieved the literature on adult intussusception caused by intestinal duplication from PubMed and listed it in Table 2, highlighting it in yellow.

Table 2. Adult intestinal intussusception caused by intestinal duplication

Author	Year	Gender	Age	Location
Kimura S et al.	2018	Male	19	colon
Но ҮС.	<mark>2012</mark>	<mark>Male</mark>	25	terminal ileum, appendix,
				colon and rectum
Li BL et al.	2013	<mark>Male</mark>	<mark>25</mark>	ileum
Al-Qahtani HH et al.	<mark>2016</mark>	<mark>Female</mark>	<mark>32</mark>	<mark>ileum</mark>
Kyo K et al.	<mark>2016</mark>	<mark>Male</mark>	<mark>20</mark>	<mark>colon</mark>
Kim HS et al.	<mark>2014</mark>	<mark>Female</mark>	19	<mark>ileal</mark>
Reiser-Erkan C et al.	2010	<mark>Male</mark>	<mark>25</mark>	<mark>colon</mark>
Kusnierz K et al.	<mark>2014</mark>	Unkown	<mark>31</mark>	duodenal
Nadatani Y et al.	<mark>2016</mark>	<mark>Male</mark>	<mark>73</mark>	<mark>ileal</mark>
O'Connor PA et al.	<mark>1999</mark>	<mark>Female</mark>	<mark>32</mark>	<mark>duodenal</mark>

³⁾ We improved the image quality and modified the annotation.

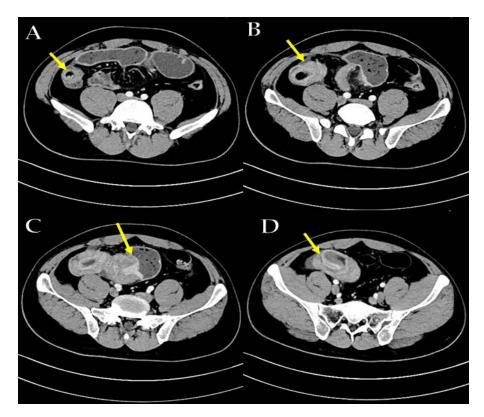


Figure 1. Abdominal enhanced CT showed an annular bowel shadow in the lower left abdomen, indicating the possibility of intussusception and intestinal wall thickening. A: Head of intussusception; B: distal sheath of intussusception; C: neck of intussusception; D: sheath of intussusception.

- 4) We corrected the arrow notes in Figure 5 and highlighted them with vellow.
- 5) We added some references, listed them below, and highlighted them in yellow.
- Kimura S, Iida H, Gunji N, Gohongi T, Ogata T. Stool filling of an intestinal duplication cyst at the ileocecal valve triggers colonic intussusception: a case report. *Surg Case Rep*.
 2018;4:116.[PMID:30219978 DOI:10.1186/s40792-018-0527-z]
- 22. Ganapathi S, Villa F, Perera R, Wan A. Ectopic pancreas, intussusception, and a ruptured mesenteric band: an unusual association. *Clin Anat*. 2011;**24**:128–32.[PMID:20949486 DOI:10.1002/ca.21052]

- 23. Sciannamea A, Vaccari S, Marasco G, Dalla Via B, Lauro A, Marino IR, Vasuri F, Cervellera M, D'Andrea V, Tonini V. Concomitant Heterotopic Pancreas and Endometriosis as a Rare Cause of Ileo-Ileal Intussusception in a Young Woman with Spina Bifida: Case Report and Literature Review. *Dig Dis Sci.* 2020;65:2800–4.[PMID:32572657 DOI:10.1007/s10620-020-06410-3]
- 24. Hirasaki S, Kubo M, Inoue A, Miyake Y, Oshiro H. Jejunal small ectopic pancreas developing into jejunojejunal intussusception: a rare cause of ileus. *World J Gastroenterol*. 2009;**15:**3954–6.[PMID:19701981 DOI:10.3748/wjg.15.3954]
- 25. Gold D, Nawass M, Imam R, Pillar N, Appelbaum L, Pikarsky A, Khalaileh A, Imam A. Intussusception in a pregnant patient caused by an ectopic pancreatic mass. *Clin J Gastroenterol*. 2020;**13:**209–13.[PMID:31364039 DOI:10.1007/s12328-019-01030-5]
- 26. Giordano A, Alemanno G, Bergamini C, Prosperi P, Bruscino A, Valeri A. The Role of Laparoscopy in the Management of a Diagnostic Dilemma: Jejunal Ectopic Pancreas Developing into Jejunojejunal Intussusception. *Case Rep Surg.* 2017;**2017**:8452947.[PMID:28819577 DOI:10.1155/2017/8452947]
- 27. Chuang MT, Tsai KB, Ma CJ, Hsieh TJ. Ileoileal intussusception due to ileal ectopic pancreas with abundant fat tissue mimicking lipoma. *Am J Surg*. 2010;**200:**e25–7.[PMID:20678617

 DOI:10.1016/j.amjsurg.2009.12.027]
- 28. Abe I, Saito M, Ikeda T, Fukuda R, Tanaka A, Rikiyama T. Ileectomy performed on a case of adult intussusception due to inversion of Meckel's diverticulum. *J Surg Case Rep*.

 2020;2020:rjz367.[PMID:31976058 DOI:10.1093/jscr/rjz367]
- 29. Daniel NE, Rampersad FS, Naraynsingh V, Barrow S, David S. Jejunal Intussusception Due to Heterotopic Pancreas: A Case Report. *Cureus*. 2021;13:e14586.[PMID:34036004 DOI:10.7759/cureus.14586]

- 30. Ho YC. Total colorectal and terminal ileal duplication presenting as intussusception and intestinal obstruction. *World J Gastroenterol*. 2012;**18**:6338–40.[PMID:23180958 DOI:10.3748/wjg.v18.i43.6338]
- 31. Li BL, Huang X, Zheng CJ, Zhou JL, Zhao YP. Ileal duplication mimicking intestinal intussusception: a congenital condition rarely reported in adult. *World J Gastroenterol*. 2013;**19:**6500–4.[PMID:24151372 DOI:10.3748/wjg.v19.i38.6500]
- 32. Al-Qahtani HH. Enteric duplication cyst as a leading point for ileoileal intussusception in an adult: A rare cause of complete small intestinal obstruction. *World J Gastrointest Surg.* 2016;**8:**472–5.[PMID:27358681 DOI:10.4240/wjgs.v8.i6.472]
- 33. Kyo K, Azuma M, Okamoto K, Nishiyama M, Shimamura T, Maema A, Shirakawa M, Nakamura T, Koda K, Yokoyama H. Laparoscopic resection of adult colon duplication causing intussusception. *World J Gastroenterol*. 2016;**22**:2398–402.[PMID:26900303

 DOI:10.3748/wjg.v22.i7.2398]
- 34. Kim HS, Sung JY, Park WS, Kim YW. An ileal duplication cyst manifested as an ileocolic intussusception in an adult. *Turk J Gastroenterol.* 2014;**25 Suppl 1:**196–8.[PMID:25910304 DOI:10.5152/tjg.2014.4011]
- 35. Reiser-Erkan C, Erkan M, Ulbrich E, Nahrig J, Kleeff J. Cystic colon duplication causing intussusception in a 25-year-old man: report of a case and review of the literature. *BMC Surg*. 2010;10:19.[PMID:20573256 DOI:10.1186/1471-2482-10-19]
- 36. Kusnierz K, Pilch-Kowalczyk J, Gruszczynska K, Baron J, Lucyga M, Lampe P. A duodenal duplication cyst manifested by duodenojejunal intussusception and chronic pancreatitis. *Surgery*. 2014;**156**:742–4.[PMID:23777586 DOI:10.1016/j.surg.2013.02.013]
- 37. Nadatani Y, Watanabe T, Sugawa T, Eguchi S, Shimada S, Otani K, Yamagami H, Tanigawa T, Shiba M, Tominaga K, Fujiwara Y, Arakawa

- T. Double-balloon endoscopy WAS effective in diagnosing small intestinal duplication: a case report. *Springerplus*.

 2016;**5:**1598.[PMID:27652171 DOI:10.1186/s40064-016-3256-4]
- 38. O'Connor PA, McGrath FP, Lane BE. Duodenal intussusception secondary to an internal duodenal duplication. *Clin Radiol*. 1999;**54:**69–70.[PMID:9915514 DOI:10.1016/s0009–9260(99)91243–6]

Science editor:

Scientific quality: This case report discussed the case of a young male with intussusception caused by intestinal duplication and ectopic pancreas. The topic falls within the aim of WJGS. 1) Classification: Grade D 2) Summary of the peer review report: The discussion of this manuscript is quite short. the authors must precise the number of cases of intestinal intussusception caused by intestinal duplication and ectopic pancreas seperately. The quality of figure 1 must be improved (SHADES OF GRAY) and the legend should be more precise, for instance the authors must precise the difference between Figure 1A, Figure 1B, Figure 1C and Figure 1D The legend of figure 5 should be corrected: In fact the red arrow indicates the pancreatic duct and the green arrow indicates the pancreatic acinus. The references are not recent enough English language editing is mandatory 3) Format: there are 5 figures. The quality is acceptable. 4) References: a total of 9 references are cited, there are not references published in the last 3 years; 5) Self cited references: there is not any self-cited reference. The self-referencing rate should be less than 10%. Please keep the reasonable self-citations (i.e., those which are most closely related to the topic of the manuscript) and remove all other improper selfcitations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated 6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published

by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorial office@wignet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B. A language editing certificate by AJE was provided. 3 Academic norms and rules: The authors provided the signed informed consent, the CARE checklist, and the Non-Native Speakers of English Editing Certificate. No academic misconduct was found by the Google/Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study did not receive any funding. The specific topic has not previously been published in the WJGS. 5 Issues raised: (1) Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (2) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text (and directly before the References); (3) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, "Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc [6]". And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described

above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable. 4 Re-Review: Required 5

Recommendation: Conditional acceptance

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade D (Fair)

Answer: Thank you very much for your suggestion.

- 1) Thank you for your classification, we will continue to improve the quality of articles.
- 2) Thank you for you and the peer reviewer 'advice. We have made changes according to your suggestion, please see above.
- 3) Thank you for your comments.
- 4)Thank you for your suggestion. We added 38 references, including the literature in the past three years.
- 5) Thank you for your comments. There is not any self-cited reference.
- 6) The peer reviewer did not recommend inappropriate references to us.
- 7) Figures and tables were adjusted to the requirements that all graphs or arrows or text portions can be reprocessed by the editor. Please see the PPT section and table section.
- 8) Thank you for your suggestion. We added the "Article Highlights" section at the end of the main text.

ARTICLE HIGHLIGHTS

This is the first reported case of intestinal intussusception caused by intestinal duplication and ectopic pancreas. We reviewed the literature on intussusception caused by intestinal duplication and ectopic pancreas combined with intussusception.

Dear Editor,

Thank you for your comments and valuable suggestions concerning our revised manuscript entitled "Intestinal intussusception caused by intestinal duplication and ectopic pancreas: A case report" (Manuscript ID: 70037). We have revised our manuscript according to these suggestions, and all responses are listed point-by-point below.

There are some issues need to be addressed. ----1. We are very pleased to receive your revised manuscript (No. 70037). However, after our verification, we found that the language editing company mentioned in your submitted language certificate only polished the initial manuscript. Following the many changes that were introduced into the content of your manuscript during the revision process, some language problems exist in the revised manuscript. Further language polishing is required to fix all grammatical, syntactical, formatting and other related errors, in order to meet the publication requirement (Grade A). Now, you are requested to send the revised manuscript to a professional English language editing company or a native English-speaking expert to polish the language further. When you submit the subsequent polished manuscript to us, you must provide a new language certificate along with it. Once this step is completed, your manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240. -----2. You need to provide the grant application form(s) or certificate of funding agency for every grant, or we will delete the part of "Supported by Zhuzhou Science and Technology Plan Project, No. 2021–005". Please verify whether the supporting documents are consistent with the type and number of funds listed in the manuscript. If not, delete those without supporting documents. ----3. It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, please revise your reference list accordingly. Such as: World J Gastroenterol. -- ----4. Please complete all the revisions based on the version of "4420-

70037_Auto_Edited-v1", and upload above mentioned files in a ".zip" file.

Answer: Thank you very much for your suggestion.

1) We sent the article to the company AJE for further language editing,

including correcting grammar, sentence formatting and other related errors,

hoping to meet the publication requirements (Grade A). They provided a new

language certificate.

2) We will upload the certificate of funding agencies as an attachment for

review.

3) We deleted Reference No. 24 from World J Gastroenterol in the last version

and rearranged the reference order.

4) We completed all revisions based on version "4420-70037_Auto_Edited-v1"

and uploaded the abovementioned files in a ".zip" file.

Once again, thank you for your comments and valuable suggestions.

Best regards,

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China.

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