

[July 13, 2023]

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Bao-Gan Peng, MD, PhD; & Maurizio Serati, MD

Editors-in-Chief

World Journal of Clinical Cases

Dear Editors-in-Chief,

We wish to resubmit the manuscript "***Benefits of laparoscopy-assisted ileostomy in colorectal cancer patients with bowel obstruction***"

We thank you and the reviewers for your thoughtful suggestions and insights. The manuscript has benefited from the insightful suggestions. I look forward to working with you and the reviewers to move this manuscript closer to publication in *World Journal of Clinical Cases*.

The manuscript has been rechecked and the suggested changes have been incorporated in the text. Our responses to the reviewers' comments have been prepared and given below.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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Reviewer(s)' Comments to Author:

Reviewer1: The authors have conducted this study to compare the outcomes of laparoscopic versus open ileostomy construction for colorectal cancer. But I fail to understand in which condition a surgeon performs ileostomy with the resection of the cause of bowel obstruction. So the main determining factor to consider open or laparoscopic surgery is whether the primary cause of the bowel obstruction can be resected laparoscopically or by open technique. Subsequently the ileostomy will be constructed using the same technique. Secondly, if one has to construct only ileostomy then one would obviously prefer laparoscopy over open unless the bowel loops are too much distended to preclude safe entry of laparoscopic instruments.

Reply: In the clinical scenario, patients with colorectal cancer may visit the emergency room in the event of an acute abdomen. Masses related to bowel obstruction may be noticed via abdominal contrast-enhanced tomography. Usually, an emergent operation involving fecal diversion (ileostomy) may be performed to release stress in the gastrointestinal tract. A loop of small intestine is pulled out through a cut in the abdomen, before it is opened up and stitched to the skin to form a stoma. We found laparoscopy advantageous in this situation. In our study, there were similar operative times and complications between the open surgery and laparoscopy groups. The laparoscopic group had better postoperative visual analog scale scores and better operative view via pneumoperitoneum creation.

Reviewer2: The laparoscopy-assisted ileostomy is well-established surgical procedure that does not need to highlight its advantages. Further, it is questionable whether the advantages claimed in this paper are clinically meaningful.

Reply: Although many studies have compared laparoscopic ileostomy reversal and conventional ileostomy reversal, there is limited information about the benefit of laparoscopic-assisted ileostomy. In our clinical practice, we perform stoma formation without laparoscopic assistance in emergent conditions of an acute abdomen in patients with colorectal cancer. Therefore, I think this paper is clinically meaningful.