

To,

Editor,

World Journal of Clinical Cases

RE: **Non-*Clostridium Difficile* Induced Pseudomembranous Colitis**

Dear Sir/Madam

Attached, please find the revised manuscript based on the reviewer's comment. We hope that your readership will enjoy reading it and will benefit from it. We also like to take this time to thank the reviewers and the editorial staff for their time and patience. Please feel free to call us with any questions.

Regards

Salim Surani, MD

Reviewer #1:

**We like to thank both the reviewers for their excellent comments. We have revised the manuscript based on the reviewers comments.**

1. Italicize the name of bacteria (*C.difficile*)  
**Done**
2. Lot of grammatical errors, punctuation errors.  
**Reviewed and corrected them**
3. In section 'staph aureus colitis' The author describes a patient who developed MRSA proctocolitis with profuse diarrhea after Whipple's procedure that improved on oral and IV vancomycin for 14 days.... Reference is missing  
**Added it**
4. Authors should discuss how staph colitis differs from *C difficile* infections. Associated bacteremia in staph aureus could be important that can be highlighted.  
**Added in staphylococcus aureus colitis section**
5. The authors highlighted different causes of non-difficile PMC, and cited various references. It would have been more useful if authors discussed the characteristic feature of each aetiology, prevalence, its differentiating feature, outcomes.

**Added information for each based on availability in current literature**

6. The pattern and distribution of pseudomembranes may provide clues to the etiology and the degree of mucosal injury. The authors should discuss these points, that can help in further differentiation of PMC.

**Added information under each if available in literature**

7. Is it possible to make a flowchart about how to approach a case with PMC, based on clinical history, endoscopy and lab diagnostics?

**Done**

Reviewer #2:

8. It will be better to have shorter reference list with updated one.  
**done**

Reviewer #3:

9. The title reflects the main subject of the manuscript. may be useful to audience to know the type of paper ie review

**Added in title**

10. Methods. The authors may help the audience by indicating the words that were used to search for and what data basis were used to get the literature that was discussed

**Added Materials and methods section**

11. Discussion. The manuscript highlights the pseudomembraneous colitis due to non clostridia related causes, it will be interesting to audience and practising clinicians to know if any particular cause has a particularly poor prognosis and if clinician need to be more vigilant in the management of some specific cause

**Added info**

Are there specific recommendations as in reducing chemical reduced colitis related to cleaning of endoscopic tube that may help clinician?

**Added**

12. Manuscript well written and concise and well organised as mentioned under point 7 there are a few details that could be added of interest to the audience if no such data exists the author may recommend research into these areas

**Added in diagnosis and treatment**

13. Research methods and reporting. The author generally followed prisma but under methods how the author found the articles needs to be more robust

**Added methods section**

14. Ethics statements. Article did not directly involve human subjects and no need for consent form or ethical permission. A very concise and informative manuscript addition of the source of articles for the study and prognosis of the different methods will help impact clinical practice.

**Added methods section and prognosis for various causes**