ANSWERING REVIEWERS

May 13, 2019

Dennis A Bloomfield, FACC, FACP, FRACP, FRCP(Hon), MD, MRCP, Professor

Editors-in-Chief

World Journal of Clinical Cases

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566 USA

Dear Dr. Bloomfield:

Please find enclosed the edited manuscript in Word format (file name: 47942-Manuscript File.docx).

**Title:** Duodenal intussusception secondary to ampullary adenoma: A case report

**Author:** Masaaki Hirata, Yoshiharu Shirakata, Kenya Yamanaka

**Name of Journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 47942

Thank you very much for having considered our manuscript. I am very pleased to see the favorable comments of both Reviewers. Reviewer #03721686 and #02542415 raised 1 and 4 comments, respectively. I fundamentally agree with all these comments and incorporated them. Red indicates the parts that I changed according to Reviewer #03721686. Blue indicates the parts that I changed according to Reviewer #02542415. I also deleted some redundant parts, which I described in the "Response" section. The native medical profession and I linguistically checked the manuscript once again, and I changed or deleted very small parts. They are very trivial points (some words or a single sentence) and thus I did not indicate them to avoid complexity. Otherwise, I did not touch the original manuscript.

I hope that you would evaluate this revised manuscript positively.

Sincerely yours,

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Response to Reviewers

Red indicates the parts that I changed according to Reviewer #03721686. Blue indicates the parts that I changed according to Reviewer #02542415.

To Reviewer #03721686

Thank you very much for giving me good advice. I agree with your advice and incorporated it to this revised manuscript (red color).

1) In Discussion i section, “There have no reports showing these findings in detail in the case of duodenal intussusception.” I think they meant either ”there are” or “there have been”. The authors should modify accordingly.

R: I agree with you. I corrected to “There have been no reports to date showing these findings in detail in a case of duodenal intussusception.”

I believe that incorporating your advice has made the manuscript better. Thank you once again.

To Reviewer #02542415

Thank you very much for giving me good advice. I agree with all four advices and incorporated them to this revised manuscript (blue color).

1) Abstract has a lot of unnecessary content. Therefore, it would be better to reduce it more concisely.

R: I agree with you. I changed "Abstract" more concisely.

2) In the CT scan, the ischemia of bowel was not found. Why did not bowel ischemia occur despite repeated intussusception?

R: Because intussusception did not last for a long time and reduced spontaneously, the ischemia of bowel was not present. Although the pathogenesis of this condition remains unclear, retrograde traction may occur as the invagination progresses more distally because of the lack of mobility of the duodenum and pancreas.

3) The patient showed the severe anemia (hemoglobin level 3.6 g/d). Please explain the reason why severe anemia was developed and what was the type of anemia in the laboratory test?

R: Blood analysis showed severe microcytic anemia. The type of anemia was iron deficiency, as revealed by a serum iron level of 5.0 μg/dL (normal range: 45-170 μg/dL) and a serum ferritin level of 0 ng/mL (normal: 5-152 ng/mL).

Severe anemia was present due to minor chronic bleeding of the tumor and not by the intussusception. It was confirmed by endoscopy (Figure 3).

4) Why did not T. bilirubin rise in spite of the ALP/γ-GT rise and CBD dilation?

R: The patient's serum total bilirubin level did not rise because even though it was compressed, the bile duct was not completely obstructed. The tumor did not invade the bile duct pathologically. Nonetheless, the cholestasis gradually worsened until surgery. If not treated properly, jaundice might ensue.

Lastly, according to the changes mentioned above, I deleted some redundant sentences.

The deleted sentences are:

Intussusception can occur anywhere in the small and large intestine. (page 3, lines 3 of the original version).

That started 6 months ago with recurrent episodes of epigastric discomfort. (page 3, lines 12-13).

The ampulla could not be identified. (page 3, lines 15-16).

The whole structures surroundings the ampulla were deviated in the left–lower direction. Bowel ischemia was not identified. (page 3, lines 18-20).

But was slid back into the duodenum easily. (page 4, lines 2-3).

I believe that incorporating your advice has made the manuscript better. Thank you once again.