

13-Aug-2019
Dr. Ying Dou
Science Editor, Editorial Office
World Journal of Clinical Cases

RE: Manuscript ID 48387

Dear Editor,

Attached please find the revised manuscript entitled “**Spontaneous superior mesenteric artery dissection following upper gastro-intestinal panendoscopy: A case report and literature review**”. An earlier version of the manuscript (manuscript number: 48387) had been submitted to *World Journal of Gastroenterology*. The editor recommended for publication in *World Journal of Clinical Cases*. A point-by-point response letter to the reviewers’ comments as well as editorial comments are attached for your consideration.

We thank you and the reviewers for the constructive feedback on the manuscript content and format; the manuscript has been revised accordingly. We hope that with the revisions the manuscript is now acceptable for publication in *World Journal of Clinical Cases*.

Sincere Regards,
Tsung -I Hung, MD
Department of General Surgery, Shin Kong Wu Ho-Su Memorial Hospital, Taipei,
Taiwan, R.O.C.

Point-by-point response to the peer-review comments

Associate Editor Comments to Author:

Comment 1: Our policy for the Case Report manuscript requires the title to include the disease name, the number of cases, and the phrase “literature review”. In addition, the description of the paper as a literature review must be supported by the manuscript's content. Please update the reference list and add references with accompanying textual content that will strengthen the manuscript as a literature review of the appropriate and up-to-date case-related information. Please note that if authors only add the words "literature review" to the title, but do not revise the textual content of the manuscript to provide a literature review, the manuscript will be rejected.

Response: We have revised the title to “**Spontaneous superior mesenteric artery dissection following upper gastro-intestinal panendoscopy: A case report and literature review**”. Appropriate additional contents reviewing the purpose, indication, risk factors, and symptom presentation of spontaneous superior mesenteric artery dissection have been included in Introduction and Discussion.

Comment 2: Please check and confirm that there are no repeated references. Please add PubMed citation numbers (PMID NOT PMCID) and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) (Please begin with PMID:) DOI (<http://www.crossref.org/SimpleTextQuery/>) (Please begin with DOI: 10.**)

Response: We have checked the reference list for record duplication and included the PMID and DOI numbers of all cited reference.

Comment 3: Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in PPT and submit it in the system.

Response: The figures are now provided in a separate PPT file.

Reviewer(s)' Comments to Author:

Reviewer 1

Comment: Due to the rarity of the complication reported, it would be better if you emphasize the absence of a correct indication to a panendoscopy in this case. You mention about a voluntary health checkup but I think that a possibly deadly examination must request more strictly analysis about its opportunity. May be talking about the indications to a panendoscopy could be the taking home message.

Response: We have included new contents regarding to the appropriate indications of diagnostic/screening upper gastrointestinal panendoscopy in Introduction and Discussion. We agree that an appropriate indication for this intrusive and potentially deadly examination is vital, and a passage commenting on the significance of this has been included in Discussion.

Reviewer 2

Comment: In the manuscript the authors should point out that the dissection of the superior mesenteric artery could already be present and secondarily worsened by endoscopic examination. it is true that the symptomatology appeared after endoscopy but there is no certainty that this examination was responsible for the dissection.

Response: We agree that the available evidence could not rule out a pre-existing dissection of the superior mesenteric artery in the current case. A passage indicating the possibility that the current case might have experienced a superior mesenteric artery dissection secondarily worsened by the panendoscopy has been included in Discussion.