

Sep 2, 2019

**RE:** Response letter

We greatly appreciate the comments and the reviewers on our manuscript titled “An alternative technique to save ischemic bowel in neonatal short bowel syndrome: A case report” (MS: 50410). We revised the manuscript according to reviewers’ comments as follows:

**Reviewer #1**

*“This may be a very interesting report. However, considering the readers that should be able to understand full significance of the presented findings, some corrections should be made. In my view, Introduction did not fully describe the needed background. For instance, the authors should clearly state the differences between the standard procedure, and the novel procedure that they applied. Advantages should be more emphasized. If the novel procedure may have some caveats, they should be clearly mentioned. In my view the Discussion is quite similar to the Introduction. Instead, the authors in Discussion should more discuss the procedure, course, and possible complications (which were avoided (how?)). Also, Case report description (Result) can be presented in a more readable form. For instance, some subtitles will be helpful.”*

We value the reviewer’s suggestion and we enriched the background “Patients with SBS have high risk of permanently dependent on parenteral nutrition, late severe complications, and poor life quality<sup>[2]</sup>. So, extensive small bowel ischemia always presents a severe challenge for surgeons. The need for and extent of resection necessary during laparotomy are difficult to determine<sup>[3]</sup>. In order to avoid SBS, many techniques have been performed. Several methods directed at increasing absorption by prolonging transit time through the residual small intestine, like vagotomy and pyloroplasty<sup>[4]</sup>, recirculating small bowel loops<sup>[5]</sup>. There are reports of methods for increasing the absorptive mucosal surface area by stimulating the development of jejunal neomucosa<sup>[6]</sup>. And some researches have been designed to increase the length of the residual small bowel<sup>[7]</sup>.” So, the authors can understand the background of this case report better.

In the CASE PRESENTATION part, we revised this part to a new format according to the reviewer’s suggestion.

In the DISCUSSION part, we explain the advantage of the procedure “If this segment became necrosis, resection of the bowel is easier to perform through the stoma. Moreover, single proximal stoma might be superior to two-end stomas. Firstly, bowel segment dilatation and elongation may occur due to fluid

retention in the lumen. Secondly, one incision is easier to take care and has cosmetic result. Thirdly, it is helpful to implement tube feeding.” And further shown the effect of nutrition treatment “Preoperative period of the second stage procedure, the baby received parenteral nutrition through a central venous catheter. Initiation of oral feeding was given on 2 days after surgery. The intestinal function recovered, and the baby totally tolerated enteral nutrition and leaned off parenteral nutrition sooner than expected. She is well with short-term parenteral nutrition and total enteral feeding and breast feeding. In one year follow up period, the baby was thriving on regular diet, with normal growth and development.”

**Reviewer #2**

*“Dear Editor, The authors describe a new technique in this case report. This technique can guide other pediatric surgeons in similar cases. however, whether this new technique really works will be revealed by further case reports”*

We value the reviewer’s suggestion and we look forward to performing this new technique in more cases and benefit more patients.

We hope our revised manuscript is appropriate for acceptance in *WJCC*. Many thanks for your kind consideration about this issue.

Sincerely,

Lei Zhou, Ph.D, MD