Seung In Seo, M.D.

E-mail: doctorssi@kdh.or.kr

Department of Internal Medicine

Kangdong Sacred Heart Hospital

Hallym University College of Medicine

445, Gil-dong, Kangdong-gu Seoul,

Republic of Korea, 134-701

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Dr. Lian-Sheng Ma,

Company Editor-in-Chief

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Dear Editor

Thank you for reviewing our manuscript and inviting revision. We are resubmitting our manuscript after making a new version according to your recommendations. Revised contents were highlighted in yellow in the text in addition to last revision. Let us address referees' comments as followings:

Reviewer(s)' Comments to Author:

**# reviewer 00050195**

The authors have produced a well written and important manuscript examining the efficacy of stool PCR testing together with fecal calprotectin in acute infectious diarrhea in patients from Korea. It is a well-designed study with good statistical analysis. I have several minor comments.

**Firstly, the manuscript needs minor revision by a native English speaker.**

→We received English correction from Editage. I'll attach the English editing certificate. I corrected some mistakes additionally.

Secondly, it is clear that the stool PCR is more sensitive than conventional culture techniques. This is very important. I think a comment about potential use of PCR in the future for detecting known mutation resulting in bacterial resistance to antibiotic therapy would be a good complementary point to make.

➔ Thank you for your kind comments. We added your comment to DISCUSSION as below.

Further, potential use of stool PCR for detecting known point mutations resulting in bacterial resistance to antibiotics would be a good complementary method for treatment of severe bacterial infection in the future.

Thirdly, on the last page of the discussion section the authors write "Our study did not include stool PCR result, but this is a central part of the paper and stool PCR results were available.

➔ It was some mistake. We corrected the sentence as below in DISCUSSION.

➔ Our study did not include stool PCR result **of viral pathogen**, as the sample size was relatively small.

I think the fact that fecal calprotectin gas been shown to be elevated in infectious diarrhea needs to be emphasized especially since follow up of fecal calprotectin is now routine in patients with IBD. This needs to be emphasized since inappropriate steroid use for patients with IBD and an elevated calprotectin could be harmful if there is an infectious cause for the diarrhea.

➔ Thank you for your valuable comment. We added the contents in DISCUSSION.

➔ Our result showed that fecal calprotectin could be elevated in adult infectious diarrhea. It is noteworthy especially in patients with IBD, since monitoring of fecal calprotectin is now routinely performed in IBD. If there is an infectious cause for the diarrhea in IBD patients, the high calprotectin may lead to inappropriate steroid use, it could be harmful.

Table 1 is not esthetic and should be improved. The authors address the study limitations.

➔ Thank you for your comment. We corrected Table 1 more esthetically.

**# reviewer 02840182**

The authors have compared efficacy of stool multiplex PCR assay in adult patients with acute infectious diarrhea with stool culture and inflammation markers in their retrospective study. It is known that stool multiplex PCR assay is a sensitive and practical method for identification of diarrheal pathogens in children who suffered from gastroenteritis widely . Fecal calprotectin is sensitive but not specific marker for IBD. And we know that fecal calprotectin elevation is seen in acute or chronic gastroenteritis caused by invasive pathogens. **So please remove the sentence of ….Thus, fecal calprotectin assay is further required to be validated in acute infectious diarrhea**. This study is important for demonstration of adult results.

→ Thank you for your kind comments. We removed the sentence “Thus, fecal calprotectin assay is further required to be validated in acute infectious diarrhea.” in DISCUSSION.