

March 01, 2021

Dear Editor,

Please find enclosed the edited manuscript in Word format (Manuscript NO: 63604, Case Report).

Title: Long-term outcome of indwelling colon observed seven years after radical resection for rectosigmoid cancer: A case report

Author: Zi-Xuan Zhuang, Ming-Tian Wei, Xu-Yang Yang, Yang Zhang, Wen Zhuang, Zi-Qiang Wang

Name of Journal: *World Journal of Clinical Cases*

Manuscript NO: 63604

Firstly, thank you for your time for reading and Suggestions. Following your precious comments, my paper has been improved in the quality. Next, i would answer your questions respectful and carefully.

For the first reviewer: 1)

1 The authors had better change the number of figures in the order they appear in the text.

Firstly, thank you for your valuable advice and I have corrected and improved it according to your requirements.

2 In the CT figure including 3 pictures, they should provide some detail explanations or add some arrows to make the readers understand them easily.

I have provided some detailed instructions and added some arrows.

3 In Table 1, the authors should add some abbreviations.

I have corrected and improved it according to your requirements.

For the first reviewer: 2)

1. Please clarify the patient past medical history. Did the patient get arrhythmia or other cardiomyopathy that may induce ischemic colitis? Did the patient get recent infectious gastroenteritis ?

The patient had no previous heart-related medical history and no infectious

gastroenteritis before admission, the past history has been revised according to your requirements

2. Since the author mentioned that " the inflammatory exudate and mucus in the colon were probably not absorbed and discharged in time after the colon was closed", did the patient got chronic or intermittent abdominal pain in the follow up period?

The patient experienced no chronic or intermittent abdominal pain or other related symptoms during the follow-up period.

3. Did the pathology revealed reactive lymphoid hyperplasia or crypt atrophy ?

The indwelling colon histopathological examination revealed colonic congestion and necrosis with hyperplasia of granulation tissue. Pathological findings did not show reactive lymphoid hyperplasia or crypt atrophy.

4. It seems that the author present a case which may be diversion colitis, If so, please added in the text and keyword.

I have corrected and improved it according to your requirements.

5. Kindly request for reviewing the chronic complication of indwelling colon after colectomy.

Thanks for the comment, I have re-searched relevant literature in Medline, EMBASE, PubMed databases according to your request, limited by a paucity of studies investigating the patients with long-term indwelling intestines, I cannot describe more about chronic complication of indwelling colon after colectomy. I may need more reading and studying to explore related knowledge.

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*.

Sincerely yours,

Zi-Qiang Wang, M.D.,

Department of Gastrointestinal Surgery, West China Hospital Sichuan University, No. 37, Guoxue Lane, Wuhou District, Chengdu 610041, Sichuan Province, China. wangziqiang@scu.edu.cn