

**Dear Jin-Lei Wang, Director, Editorial Office,**

Please find enclosed the edited and revised manuscript in Word format (file name: WJG 1770\_edited revised.doc).

**Title:** Coincidence of active Crohn's disease and florid endometriosis in the terminal ileum: a case report

**Authors:** Elke Kaemmerer, Maren Westerkamp, Reinhard Kasperk, Gerhard Niepmann, Axel Scherer, Nikolaus Gassler

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 1770

We thank the Editors and Reviewers for the insightful comments concerning the manuscript. The manuscript has been essentially improved according your suggestions. In the following lines we specify – point to point – how we revised the manuscript according to the remarks.

All changes in the manuscript are highlighted by underlining.

**1** Format has been updated.

**2** Revision has been made according to the suggestions of the **reviewer 1:**

- *Need to include obstetric and gynecologic history including children, menstrual problems etc.*  
The abdominal disorders were not related to the period, and dysmenorrhea was not given. The patient had a 12-years old daughter.
- *While photo shows normal uterus and adnexa, operative findings need to describe these organs.*  
The message, that inconspicuous uterus and adnexa were visible, is now incorporated in text of the manuscript.
- *What anastomosis was employed?*  
Intestinal anastomosis (ileo-ascendostomia) was employed. The information is now given in the manuscript.
- *You left an inflamed mass, why, what do you think it was, where was it, was the ureter isolated at surgery?*  
The tumour like inflamed small intestinal segment and the ileocecal portion were resected. Both ureter were not affected by the inflammation. Following a gynaecological council and the fact that intra-operative frozen sections of the tumour-like lesion in the spatium rectovaginale did not demonstrate endometriosis, the inflamed mass in the lower pelvis was not resected. It was taken into account that resection of the tumour-like lesion, probably an additional manifestation of CD, was impossible without anterior rectum resection.

- *What therapy was she given after surgery, what are her desires as regards further fertility?*  
Additional information is given in the manuscript now: After surgery anti-inflammatory and antibiotic therapies were given. The gynaecological council recommended the anti-baby pill.
- *By instantaneous section, do you mean frozen section?*  
Yes, we mean intra-operative frozen sections. The sentence has been changed in the manuscript. We apologize for the misleading term instantaneous section.
- *You discuss the link between CD and oral contraceptives, this statement requires a reference.*  
Two articles recently published are added.

**3** Revision has been made according to the suggestions of the **reviewer 2**:

- *page 3-line2 aetiology*  
The text has been improved.
- *page 4 line 12-tumour*  
The text has been improved.
- *page 4-pathologic studies-line 3 or sometimes with PAS*  
The text has been improved.
- *page 5-line 14 was distributed*  
The text has been improved.
- *page5-Discussion- line 1 and it is assumed*  
The text has been improved.
- *page 6-line 14 Histological patterns*  
The text has been improved.
- *page3 case report line1- gravida? para?*  
The text has been improved.
- *page 6 line 13 is a high variable*  
The text has been improved.

Please do not hesitate to contact me if any further information is required.

Sincerely yours,

Prof. Dr. Nikolaus Gassler (M.A.)