

April 8, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2599-review.doc).

Title: Crohn's Disease and Takayasu's Arteritis: an uncommon association

Author: Taddio Andrea, Maschio Massimo, Martelossi Stefano, Barbi Egidio, Ventura Alessandro

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2599

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated and it has been modified according with case report format

2 Revision has been made according to the suggestions of the reviewer

1. TITLE: The title should clearly state that this is a case report about CD and associated TA. Your title suggests that a d/d of TA or other conditions should be considered in intractable CD. However, your patient was diagnosed with TA after he presented with an entirely new set of symptoms that occurred 1-year after initial diagnosis of CD.

We thank the reviewer for his/her comment. We have changed the title in a way that could be acceptable from him/her

2. INTRODUCTION: I am not sure if CD can be considered a rare condition. It may be worthwhile mentioning at this point that almost 1 in 10 patients with TA may develop CD or CD-like colitis.

According with reviewer suggestion we have added a sentence about the incidence of TA in CD and we have highlighted the sentence in yellow (please refer to text).

3. CASE PRESENTATION: It is not described if the previous medical record (radiology, pathology, history and physical exam) was reviewed for evidence of vasculitis at initial presentation. It may be likely that patient presented with signs and symptoms of gastrointestinal vasculitis, which was diagnosed as CD due to prominence of gastrointestinal symptoms.

We would like to thank the reviewer for his/her comment. We agree with her/him: it could be possible that other signs suggestive for vasculitis could be present at time of presentation, however we did not perform, and we do not routinely, echocardiography or other evaluation (like for example ophthalmologic assessment) in clinical settings suggestive for inflammatory bowel disease. However the pattern of intractability of patient's condition could arise the suspicion that gastrointestinal involvement could be considered just a sign of a systemic vasculitis.

4. DISCUSSION: Seems appropriate for a case report, except that you only quote reference 8 to support that CD precedes TA in majority of cases, whereas this was more strongly observed in reference 5.

We have added reference 5 with reference 8.

5. Additionally please discuss if TA may represent an extra-intestinal association of CD.

3 References and typesetting were corrected

We added a sentence in the discussion section highlighted in yellow.

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

Sincerely yours,



Andrea TADDIO

Institute of Maternal and Child Health

IRCCS Burlo Garofolo

University of Trieste

Via dell'Istria 65/1

34131, Trieste

Italy

Fax: +39-040-3785-298

E-mail: ataddio@yahoo.it