

August 28, 2013



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4820-Review.doc).

Title: Laparoscopic treatment of an upper gastrointestinal obstruction due to Bouveret's syndrome

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4820

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

1 Format has been updated

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

(1) Reviewer No.01558248: "1) It is better to mention the information about the Bouveret's syndrome which was rare in our clinical work. 2) Why the diagnosis with gastrolithiasis which was extremely rare? 3) Please decrypt more about the scientific information in this article. 4) English need to be check extensively. 5) Please add more recent refereces."

Response:

- 1) We added contents emphasizing "Bouveret's syndrome which was rare in our clinical work" in Introduction.
- 2) We did not mention that gastrolithiasis was rare diagnosis. It was just suspected as gastrolithiasis before final diagnosis of Bouveret's syndrome.
- 3) We added contents related to treatment in Discussion.
- 4) We have our manuscript edited by American Journal Experts editing companies.

5) We have added 4 references of recent years.

(2) Reviewer No.02510721: "1) Title I think it's not appropriate to show in the title the outcome of the treatment because is only a case report and the surgical choice may be debatable. 2) Abstract In the abstract may be reported all steps of therapeutic procedures: for example the duodenostomy following the laparoscopic enterolithotomy. 3) Introduction The sentence starting: "the patient was....gallstone removal" is not appropriate in the introduction. 4) Case report The description of 1st gastroscopy (gastroscope was arranged....) is not much clear about anatomical data. The diagnostic procedure does not take into account of acute cholecystitis and gallbladder stones one year before, that could indicate the diagnostic hypothesis of Bouveret's Syndrome. The CT is performed without showing the clinical reasoning to justify it and not be preceded by US. The description of surgical procedure is not clear (may be for the language mistakes). For example: 1 "after the adhesion was dissected, the gallbladder-duodenal fistula was performed (??) ; 2 "3 weeks later, the patient was readmitted for the removal of the duodenal fistula" (mat be the Author meant: removal of duodenal drainage tube)

5) Discussion In the discussion clinical reasoning and assumptions specific diagnostics do not consider the previous acute cholecystitis. In the therapy one step or two step approach may be well clarified. 6) The paper needs a general check of the english language"

Response:

- 1) The titel was revised.
- 2) We did not describe in details about the whole treatment process because of words limitation in Abstract. But it was explicit in the part of Case Report.
- 3) The Introduction was revised.
- 4) The description of gastroscopy and surgical procedure was adjusted and revised. We indeed did not take into account of acute cholecystitis and gallbladder stones one year before in primary diagnosis. But the abdominal CT was performed based on suspicion of initial diagnosis of gastrolithiasis. We extended related analysis and reasoning in Discussion. If we firstly consider cholelithiasis, it would be much earlier to reach the diagnostic hypothesis of Bouveret's Syndrome. But it is difficult to think of Bouveret's Syndrome for it is really rare. The description of the surgical procedure has been revised.
- 5) In the therapy one step or two step approach was further clarified in Discussion.
- 6) We asked AJE for English modification.

(3) Reviewer No.00057868: "A more detailed description of the laparoscopic technique would greatly enhance this paper for surgeons."

Response:

The procedure of the laparoscopic technique was described in Case Report. We have not much experience about this disease for it is rare. And there are also not so many references concerning laparoscopic treatment for Bouveret's Syndrome. We will continue to summarize relevant experience and share with clinician in the future.

3 References and typesetting were corrected

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

Sincerely yours,

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