

September 19th, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Laparoscopy-assisted percutaneous endoscopic gastrostomy enables life-saving enteral nutrition even in case of distorted anatomy in either children or adults

Author: Adam Hermanowicz, Ewa Matuszczak, Marta Komarowska, Elzbieta Jarocka-Cyrta, Jerzy Wojnar, Wojciech Debek, Konrad Matysiak, Stanislaw Klek

Name of Journal: *World Journal of Gastroenterology*

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

1 Format has been updated

2 The title was shortened to 12 words

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

Reviewer #1

1. I would suggest the authors to implement the discussion with other alternative methods for PEG placement any time transillumination is not possible to be achieved (i.e., US or CT guided techniques, percutaneous radiological gastrostomy as described by Ho in 1983, etc....)

Answer: Corrected

2. Furthermore, as far as I know, the technique was described by Raaf JH in 1993, and not in 1995 as stated by the authors(Laparoscopic placement of a percutaneous endoscopic feeding tube. J Laparoendosc Surg 1993;3:411-14).

Answer: Corrected

3. The reference numbers should be reviewed (i.e. reference 10 in the next is actually reference 11); please correct it.

Answer: Corrected

4. Figure 2 does not seem to be essential and could be deleted.

Answers: Fig. 2 was removed and replaced.

Reviewer #2

Major points:

#1. It is important for this case series to describe the detail of L-PEG in all cases. Please prepare a Table showing the patient's backgrounds, the reasons for L-PEG, the length of the procedures, the nutritional statuses before and after L-PEG (BMI, concentrations of albumin).

Answer: Corrected. Table 1 was added to the manuscript.

Minor points:

#1 Please show the measurement of the length precisely, ie; from the insertion of a gastroscope to placement of PEG tube, or from the insertion of a laparoscope to the removal of laparoscope?

Answer: data presented in Table 1

#2 You describe some cases of PEG failure because of interposed organs. Did you conduct L-PEG without difficulty? Did you maneuver to remove interposed organ with a laparoscopic technique?

Answer: added to discussion

#3 Please address the indication of L-PEG in Discussion.

Answer: corrected

#4 Please add a representative picture of laparoscopic view of the procedure.

Answer: Fig. 2 was added replacing the old one.

3 References and typesetting were corrected

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

Sincerely yours,

Stanislaw Klek, MD, PhD, Assoc. Prof.