

ANSWERING REVIEWERS



February 19, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8624-review.doc).

Title: Colonic metastasis after resection of primary squamous cell carcinoma of the lung: a case report and literature review

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8624

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) running title: Colonic Metastasis of Lung Cancer

(2)core tip: Lung cancer with colonic metastasis is a rare condition, accounting for only 0.5% of lung cancer cases. Symptomatic colonic metastases are often emergent and colonoscopy with biopsy can make further diagnosis. Herein we report a case of patient with upper abdominal pain and weight loss after lung cancer resection. Subsequent colonoscopy and pathology confirmed poorly-differentiated squamous cell carcinoma due to colonic metastasis of lung cancer. The patient improved after receiving chemotherapy but died from rectal bleeding. We report the case for its rarity and emphasize disease management after prompt clinical and pathological analyses.

(3)comments:

1Case characteristics

The patient presented with the symptom of upper abdominal pain and weight loss.

2 Clinical diagnosis

Clinical diagnosis was colonic metastasis of primary squamous cell carcinoma of lung.

3Differential diagnosis

Differential diagnosis of primary colon carcinoma , malignant lymphoma , Crohn disease

and diverticulosis should be considered .

4 Laboratory diagnosis

On laboratory tests, hemoglobin was 10.6g/dL, blood count showed slight leukocytosis with neutrophils elevated.

5 Imaging diagnosis

CT scan revealed a large mass in the ascending colon with heterogeneous enhancement and colonoscopy disclosed a large ulcerated lesion in the ascending colon.

6 Pathological diagnosis

Pathology with Hematoxylin and eosin stain and immunohistochemistry revealed poorly differentiated squamous cell carcinoma.

7 Treatment

Chemotherapy with intravenous cisplatin and oral S-1 every 5 weeks was initiated and the patient improved remarkably after 2 cycles of chemotherapy.

8 Related reports

Most patients presented with symptoms like intestinal obstruction, lower GI bleeding, bowel perforation, or GI fistula and pathology with immunohistochemistry can confirm the diagnosis.

9 Term explanation

No uncommon terms present in the case report.

10 Experiences and lessons

Although lung cancer metastatic to colon is rare, it should be included in the differential diagnosis for any patient with colonic tumor. Accurate diagnosis and chemotherapy with cisplatin and S-1 may help to manage the condition but the prognosis is still very poor

11 Peer review

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink, appearing to be 'AR' or similar, written in a cursive style.

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