

March 25, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9580-review.doc).

**Title:** Enterostomy can decrease the mortality of patients with Fournier gangrene

**Authors:** Yan-Dong Li, Wei-Fang Zhu, Jian-Jun Qiao, Jian-Jiang Lin

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

**ESPS Manuscript No:** 9580

We have revised and improved our manuscript according to the suggestions of the reviewers:

1 Format has been updated

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

(1) **Comment-1** This article presented surgical methods for treatment of severe complications-Fournier's gangrene with adequately discussion, introduction and references.

**Response:** Thank you for your favorable comment on our article.

(2) **Comment-2** I liked the rationale for the study. The subject is important. The text well written and the conclusions are supported by the results. Figure 1 lacks a brief explanation.

**Response:** Thank you for your suggestion. We have added a brief description of Figure 1 in the text.

(3) **Comment-3** Undoubtedly the article is about a controversial yet a very important topic. Creating enterostomies in Fournier's gangrene is not a novel technique but the existing practice without clear evidence of its usefulness. The article is well written, clear and concise. But I think Figures 1, 2 and 3 are not particularly relevant and can be safely eliminated without affecting the contents of the article. The content of the study does not accurately reflect the intended purpose of the study. The enterostomies had been performed for rectal perforations or impending rectal perforations. The authors do not claim that the enterostomies were performed to divert the faecal matter from contaminating the wound. Therefore the study does not accurately reflect the use of enterostomies in the management of wounds of Fournier's gangrene. Rather the study reflects the use of enterostomies in the management of rectal necrosis subsequent to Fournier's gangrene.

**Response:** Thank you for all your valuable comments. The reason why we used Figures 2 and 3 is that

we consider that these Figures may help surgeons to understand the management procedures for the disease according to our experience. Therefore, we have retained them, but merged them into one figure.

We agree with you that creating enterostomies in Fournier's gangrene is still controversial and lacks clear evidence in clinical practice. In this article, we presented retrospectively our experience in enterostomy for Fournier's gangrene to determine its significance in the emergency management of this disease. We divided the patients into two groups according to the surgical techniques performed: enterostomy combined with debridement or debridement alone. Among the patients enrolled in the study, not all patients in the enterostomy group had rectal perforation or impending rectal perforations. Thus, we deleted "when inflammation or perforation of the rectal wall was found on intraoperative rectal examination" to avoid possible misunderstandings. We also gave explanations in the Discussion about the advantages of enterostomy in the treatment of this disease.

3 References and typesetting were corrected

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

Sincerely yours,

Dr. Wei-Fang Zhu

Department of Dermatology, First Affiliated Hospital, Zhejiang University School of Medicine, No. 79, Qingchun Road, Hangzhou 310003, China

wfzhu@163.com

**Telephone:** +86-571-87236559

**Fax:** +86-571-87236559