



DEPARTMENT OF THE ARMY
MADIGAN HEALTHCARE SYSTEM
9040 JACKSON AVENUE
TACOMA, WA 98431-1100

April 2, 2014

Lian-Sheng Ma, President and Company Editor-in-Chief
Baishideng Publishing Group Co., Limited
Room 1701, 17/F, Henan Building,
No. 90 Jaffe Road, Wanchai,
Hong Kong, China
Telephone: +852-5804-2046
Fax: +852-3115-8812
E-mail: l.s.ma@wjgnet.com

Dear Lian-Sheng Ma (Editor-in-chief):

Please find enclosed the edited manuscript in Word format (file name: manuscript 9611-edited SRS).

Title: Routine Colonic Endoscopic Evaluation Following Resolution of Acute Diverticulitis: Is it Necessary?

Authors: Amit K. Agarwal, Burzeen E. Karanjawala, Justin A. Maykel, Eric K. Johnson, Scott R. Steele

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9611

Reviewer Comments:

This is an important review on the question if a routine colonoscopy is mandatory after resolution of acute diverticulitis. It is well written and discusses all relevant data. 1) Figure 3 and 4 are identical in the provided version of the manuscript; I suppose that figure 4 is missing (showing a tumor in the colon). 2) I agree that colonoscopy has not to be performed routinely if diverticulitis is uncomplicated and there are no other indications (especially if a previous screening colonoscopy has been performed). However, the studies performing endoscopy after resolution of diverticulitis demonstrated malignant tumors in 1-4 %. This is very high and would support routine follow up colonoscopy. Do we know if these patients had colonoscopies before developing acute diverticulitis? In other words: if a patient > 50 years develops diverticulitis, and never had a colonoscopy, this episode is a good reason to perform screening colonoscopy that should have been performed earlier.

Author Response

Thank you so much for the comments.

1. *Figure 4 has been changed accordingly. Thank you for pointing out this error.*

2. *Thank you so much for the comment regarding the 1-4% rate of malignant following resolution of diverticulitis. We agree that we do not want to unnecessarily miss a tumor by avoiding a colonoscopy. The problem with the literature, as we have attempted to point out, is that much of the literature does not include all of the information, and others have been performed in an era without the high-quality imaging such as multi-slice scanners that can differentiate diverticulitis from cancer better and MAY be able to eventually allow a colonoscopy to be avoided.*

“This improvement in technology may also allow for differentiation of diverticular disease from other pathological conditions.”

“They also do not comment on how many of these patients had a previous colonoscopy, and what percentage had never undergone a colonoscopic evaluation.”

3. *We still believe that patients with other indications for a colonoscopy should still undergo a colonoscopy and we have amended the article and the abstract to highlight that fact.*

“Obviously, if a patient has something in their evaluation that would dictate any need for a colonoscopy (*i.e.*, diagnostic dilemma, concerning radiographic finding, due for elective routine screening), colonoscopy should be performed.”

4. The references have also been formatted in accordance with WJG. Pubmed ID numbers and DOI (where available) have been placed for every reference.

Thank you again for these comments that we believe have helped improve our manuscript. We again appreciate the opportunity to publish our manuscript in the *World Journal of Gastroenterology*.

Very Respectfully,



Scott R. Steele, MD
Chief, Colon and Rectal Surgery
Madigan Healthcare System
Email: harkersteele@mac.com
Phone: 253 968 2200
Fax: 253 968 5900