

## Format for ANSWERING REVIEWERS

October 28, 2013

Dear Editor,

Please find the enclosed edited manuscript in World format (File name: 5720-review).

**Title:** Nodular fasciitis in mesentery, a differential diagnosis of peritoneal carcinomatosis

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

**ESPS Manuscript NO:** 5720

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 00505583 asked minor improvement of English writing. Our manuscript was revised by a native English editor with a PhD in biomedical sciences. Please find the enclosed English language certification. Also, the revised manuscript was checked again by the same group of specialists.
- (2) Reviewer 00504545 asked to complete the Reference 3. We added the authors name and the title to complete the Reference 3 in Page 8.
- (3) Reviewer 02441703, we believe, did not ask any revision concerning this manuscript.
- (4) Reviewer 01047712 asked several clinical questions concerning our patients. (1) We added the description of the primary tumor on endoscopic observation (Page 4 Line 3-6). (2) Because the preoperative diagnosis of this tumor was T3 (subserosa) in which regional lymphadenectomy was generally required, we chose laparoscope-assisted ileocecal resection for this patients, instead of endoscopic mucosal resection. The information of staging had been written and we consider that the further information is not necessary (Page 4 Line 7-9). (3) The intraoperative pathological examination was not performed in our patient because the nodules were identified after resection of the major blood vessels. Under this circumstance, pathological examination does not change the treatment option. This information was already mentioned on page 4 Line 14-17. (4) In the literature, the possible etiology for nodular fasciitis is considered trauma because the lesion is reactive proliferation of fibrotic tissue. However, the majority of the patients lack in the apparent history of injury and the etiology of the nodular fasciitis in our patient is still unclear. The further accumulation of similar case is required to solve this clinical question. We have this information in the introduction part (Page 3 Line 8-9)

3 References and typesetting were corrected. We added DOI to the references when it is assigned.

4 We added the Highlighted comment (Core tip) right after the abstract (Page 2 bottom to Page 3 Line 2).

5 At the end, Dr. Ken Okamoto contributed significantly in revision of this manuscript and the order of the authors was changed (Author).

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

Sincerely yours,



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