

December 15, 2014

Dear Editor,

Thank you very much for reviewing our manuscript despite your busy schedule.

Title: Enteral metallic stenting by balloon enteroscopy for obstruction of surgically reconstructed intestine

Authors: Kazunari Nakahara, Chiaki Okuse, Nobuyuki Matsumoto, Keigo Suetani, Ryo Morita, Yosuke Michikawa, Shun-ichiro Ozawa, Kosuke Hosoya, Shinjiro Kobayashi, Takehito Otsubo, Fumio Itoh

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 15212

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 reviewers

(Reviewer 1)

(1) *"an single-balloon enteroscope (SBE)" should be changed to "a single-balloon enteroscope (SBE)"*

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Thank you for your courteous advice. We revised in the text.

(Reviewer 2)

(1) *Is there a possibility you can add some details regarding the 'pearls and pitfalls' of the technique under consideration. Even though there is a description provided I feel highlighting 'pearls and pitfalls' always help the*

readers understand technical aspects better.

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Thank you for your kind advice for improving the quality of our manuscript. The technical advantage afforded by the balloon enteroscope (BE) and its overtube may allow for enteral stent placement in patients with the distal intestinal obstruction that is beyond the reach of conventional endoscopes. Its usefulness is particularly notable in Roux-en-Y cases with long and tortuous intestinal tract reconstruction.

On the other hand, the disadvantage of this technique about which we are concerned is that kinking of the overtube may make the stent delivery system insertion impossible in patients with acutely curved intestine.

We added this description to the Discussion section.

(2) It may be of great help to the readers if you could enlist or mention cases in which these techniques are best suited. It could include a brief mention of characteristics suitable for and not suitable for stenting.

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The cases in which this technique is best suited are as follows. (1) The obstruction is beyond the reach of conventional endoscopes. (2) The obstruction is in only one part of an intestine.

On the other hand, the cases in which this technique is not suitable are as follows. (1) The obstruction is beyond the reach of BE. (2) The kink of the overtube is very severe due to acutely curved intestine. (3) The obstructions are in two or more part of an intestine.

We added this description to the Discussion section.

(3) There are some grammatical and language errors that need revision.

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The manuscript has been edited and corrected by the English language editing company again.

(4) Even though I do not feel it impacts the review process I would like the authors to consider the following points:-Was an autopsy done for any of the patient and findings available? Or did an opportunity arise to redo an enteroscopy in any patient to check the status of the stent?

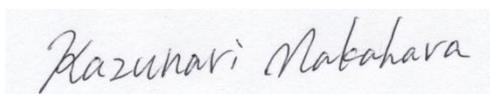
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Thank you for your courteous advice. Regrettably, neither of the patients has agreed with the autopsy, and there was no opportunity for any patient to perform an enteroscopy again.

3 References and typesetting were corrected.

Thank you again for reviewing our manuscripts. We trust that the revised manuscripts suitable for publication.

Sincerely yours,

A handwritten signature in black ink on a light-colored rectangular background. The signature reads "Kazunari Nakahara" in a cursive, slightly slanted script.

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