March 10, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: **24383-Revised manuscript**).

Title: Successful management of adult lymphoma-associated intussusception by laparoscopic reduction and appendectomy

Author: Ta-Wei Yang, Yen-Yue Lin, Yi-Wei Tsuei, Yen-Lin Chen, Cheng-Yi Huang, Sheng-Der Hsu

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 24383

Thank you for the opportunity to improve our manuscript. The manuscript has been revised according to the suggestions from reviewers.

Reviewer 03537663
Comment 1: What are clinical examination findings?
Response 1: Thank you for your question. We'll add physical examination findings into our manuscript.

Revised as follows:
He presented with nausea, vomiting, poor appetite, and intermittent, cramping abdominal pain for over 1 week. On arrival, his blood pressure was 126/66 mmHg; pulse rate, 92 beats per minute; and body temperature, 36.3°C. Physical examination disclosed tympanic sounds on percussion and mild periumbilical tenderness on palpation. Upper gastrointestinal (GI) panendoscopy was performed but revealed no specific findings; however, abdominal sonography subsequently identified a mass over the periumbilical region.

Comment 2: The decision to not resect bowel was taken on the basis of a sure diagnosis of lymphoma. However the CT scan signs are not specific to lymphoma and could evoke other differential diagnosis.

Response 2: Thank you for your question. Other differential diagnoses similar to these CT findings include carcinoids, adenocarcinomas, sarcoma (eg. gastrointestinal stromal tumor), and leiomyomatosis peritonealis disseminata. We will add this description into our manuscript.

Revised as follows

Typical CT findings of the intestinal lymphoma include a bulky mass, diffuse infiltration with preservation of fat planes, multiple site involvement, and associated bulky lymphadenopathy[20, 21]. **Other differential diagnoses similar to these CT findings include carcinoids, adenocarcinomas, sarcoma (eg. gastrointestinal stromal tumor), and leiomyomatosis peritonealis disseminata.** In our case, there was a well-defined homogeneous mass in the mesenteric root region and a long segmental wall thickening in the terminal ileum on contrast-enhanced CT of the abdomen.

Reviewer 0036328

Comment: My only doubt is about the use of diagnostic appendectomy and not of biopsy for the potential risk of tumor spread or bleeding as stated by Authors. For example, ultrasound-guided percutaneous biopsy for diagnosis of small bowel lymphomatous lesions is widely used. For these reasons I suggest to add a reference to better explain this point.

Response: Thank you for your question. After reviewing several articles about the issue of tumor spread via biopsy, we found that the likelihood of tumor recurrence as a consequence from biopsy is rare, and the risks are specific to some malignancy (eg. breast cancer, liver cancer). Therefore, in our case, compared to the benefit from diagnosing lymphoma to avoid extensive bowel resection and related complications, the concern of tumor spread via biopsy (would be performed via laparoscopy alternatively if appendectomy showed no tumor involvement) is negligible. We'll delete this sentence from our manuscript.

Revised as follows:

~~However, the potential risks of further tumor spread or bleeding should be considered with such an approach.~~

Comment 2: Finally, references 21 and 22 are not shown in the text.

Response 2: Thank you for your reminding. It's obvious that we made a mistake on renewing code number after we added other references in between. We'll correct it in our manuscript.

Revised as follows:

Leukemic and lymphomatous tumor involvement of the appendix can be primary or secondary ~~[18]~~. → **[19]**

Although adjuvant chemotherapy is typically initiated within 6–8 weeks after surgery, several recent meta-analyses have confirmed that delayed administration of adjuvant chemotherapy is associated with significantly reduced overall survival~~[19, 20]~~. → **[22, 23]**

Laparoscopic surgery is typical considered as a less-injurious surgery that enables earlier initiation of adjuvant chemotherapy~~[23, 24]~~. → **[24, 25]**

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

Sincerely yours,

Sheng-Der Hsu, Department of Traumatic and General Surgery, National Defense Medical Center, Tri-Service General Hospital, No. 325, Cheng-Kung Road, Sec. 2, Neihu 114, Taipei, Taiwan
E-mail: f1233j@yahoo.com.tw