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Ischemic or toxic injury — A challenging diagnosis and treatment of drug-induced stenosis of sigmoid colon

Zhang ZM *et al.* Drug-induced sigmoid colon stenosis

Authors response 1

Comment: 1) It could be more comprehensive to present dates of the various phases so as to follow the course of the disease easily.

Authors, response: We have provided the detailed data in the revised manuscript.

Comment: 2)：did the patient receive mesalazine once or twice?

Authors, response: oral mesalazine (1 g, q.i.d.)

Comment: 3): Why colonoscopy was not offered in the early phase?

Authors, response: colonoscopy has been performed 14 months prior to the ultimate hospital admission, just one month later after onset of the disease.

Comment: 4): Was fecal calprotectin measured?

Authors, response: The fecal calprotectin did not be measured.

Comment: 5): Was the patient receiving the right dose of Qingdai?

Authors, response: oral compound Qingdai (2 g, t.i.d.) in right dose for abdominal pityriasis rosea.

Comment: 6）：Was the patient receiving Qingdai concomitantly with mesalazine?
Authors, response: After stopping oral Qingdai, oral mesalazine was administered for treating the probable IBD supported by colonoscopy. So, the patient did not receive Qingdai concomitantly with mesalazine.

Comment: 7）：Why this segmental disease with stenosis was confused with ulcerative colitis?
Authors, response: Crohn's disease may involve any part of the digestive tract and often presents with abdominal pain, diarrhea, bloody stools, intestinal stricture and obstruction, with lesions frequently distributed in a segmental manner.

Comment: 8）：Was angiography performed?
Authors, response: Yes, Computed Tomography Angiography (CTA) of mesenteric artery has been performed, but no obvious abnormality was found.

Comment: 9）：Why a coated instead of an uncoated stent was preferred?
Authors, response: Colonic metallic stent placement is currently the most commonly used method for relief of intestinal obstruction caused by colonic malignancies. Preoperative metallic stent placement can relieve obstruction, alleviate intestinal wall edema, improve intestinal preparation (thereby avoiding abdominal wall colostomy), and improve patients' quality of life. As such, metallic stent placement has become a conventional preoperative bridge treatment for colorectal cancer patients with obstruction. Since uncoated stents cannot be removed and coated stents are prone to migration, their application in benign colon stenosis is limited. Due to the poor effectiveness of balloon expansion in our patient, placement of a coated stent was considered to temporarily relieve the intestinal obstruction, reduce the intestinal wall edema, and provide good intestinal preparation for surgery. Planned elective surgery can solve the problem of removal of coated stents.

Authors response 2

Comment: 1) The report is very detailed but is continuous and chronological. Parts which should appear under “Introduction” or under “History and Treatment” or under “Discussion” are all muddled up together and need sorting put under the different headings.

Authors, response: We have added “Introduction”, and have divided the history of case diagnosis and treatment into “Materials and Methods, Results, Discussion, and conclusions”.

Comment: 2)：Minor points which need attention are:- Page 2 “Abstract”. The first mention of IBD should be given in full as well as the abbreviation. Pages 3 and 4. “Abdominal pityriasis rosea” should read “Pityriasis rosea of the abdominal wall” “hematochezia lasting 15 months and defecation difficulty lasting 5 months” should read “hematochezia lasting 15 months followed by difficulty in defecation for 5 months”.

Authors, response: The first mention of IBD has been given “inflammatory bowel disease (IBD)” in full as well as the abbreviation. “Abdominal pityriasis rosea” has been changed into “Pityriasis rosea of the abdominal wall”. “hematochezia lasting 15 months and defecation difficulty lasting 5 months” has been changed into “hematochezia which had lasted for 15 months, and difficulty in defecation which had lasted for 5 months”.

Comment: 3): FIGURES These are good but are numerous. They show the different stages in the history which are well described in the text. A few which are most relevant could be selected and the rest could be omitted. Figure 9 showing the operative procedure is not clear.

Authors, response: Figure 1-10 gave the important discovery and diagnosis in the deferent period of case. Figure 9 showed the operative procedure: Intraoperatively, sigmoid colon stenosis was visible (arrow, A) and the stenotic segment showed adhesions to the left-side pelvic wall and uterus (arrow, B). After separation of the adhesions, the stenotic segment was dissected at sites ~10 cm beyond both ends of the stenotic segment (C and D), and an end-to-end anastomosis was made between the descending colon and rectum (arrows, E and F).

Authors response 3

Comment: 1) The article is too long with unnecessary clinical details.

Authors, response: We have been deleted unnecessary clinical details in the revised manuscript.

Comment: 2)： The authors should separate the case report from the discussion.

Authors, response: We have added “Introduction”, and have divided the history of case diagnosis and treatment into “Materials and Methods, Results, Discussion, and conclusions”.

Comment: 3): More literature support of gingdai's effect on the colon should be added.

Authors, response: More literature support of gingdai's effect on the colon have been added, see references 11, 12, 13.

Comment: 4): Pathology result should also be added.

Authors, response: Pathology results in the deferent period of case diagnosis and treatment have been given.