

Dear Editor and Reviewers,

Thank you for allowing us to resubmit our manuscript to your prestigious journal. We believe we have satisfactorily addressed all the queries, which are detailed below point by point. All the new/modified parts of the text are shown in red.

Reviewer #1:

1. The clinical case presented in the beginning of the paper could actually be used as a springboard for the review, however a clear relation between colonoscopy and ischemic patients is difficult to be established in this particular multi-morbid patient. Thus, I would recommend the authors to tune down their diagnosis/ Instead, they could propose a potential relation with colonoscopy clearly mentioning the multifactoriality of this case.

Thank you for raising this important point. We completely agree with your observation. We have tuned down our tones in the conclusive paragraph and proposed a multifactorial etiology.

2. The language needs further polishing. The paper is well written but further attention to syntax, typos and grammar should be payed.

We have gone through our manuscript once again and improved the English language.

Reviewer #2:

1. Authors make a case presentation. However, I think that this case had colonic ischemia not due to colonoscopy but due to thrombosis of the several abdominal arteries.

We completely agree. We have changed the specific parts of the manuscript (see Conclusion in particular) to emphasize the multifactoriality of the present case.

2. Bowel preparation causes high pressure to intestinal lumen and cause colonic ischemia. Please mention it.

Thank you for bringing up this important aspect. We have added a sentence to mention it.

3. Authors mention that anesthesia could play a role in the multifactorial pathogenesis of colonic ischemia. However, the relation between colonic ischemia and anesthesia is not clear. Please refer the papers

Some papers have shown that midazolam can reduce blood pressure and determine a statistically significant decrease in arterial oxygen saturation and heart rate. Specific references are 53 and 54. We believe we have addressed this point in the text.

Science editor

- We have now provided the signed COI Disclosure Form and Copyright License Agreement.
- No Institutional Review Board Approval Form is needed as this is a clinical review.
- We have now included the original picture files.
- We have added an “article highlights” section at the end of the main text (and directly before the References).
- Figure 2 is for liberal use (Case courtesy of Assoc Prof Craig Hacking, Radiopaedia.org, rID: 54523) (see legend of figure 2).