

Dear Colleagues,

We greatly appreciate the work and comments of the reviewers. Accordingly, we are submitting this revised manuscript.

Authors' contribution is in Footnotes on page 10.

Figures are now also in a power point file as requested. The file is joined.

The table of references is now deleted.

Case presentation has been arranged into section as requested (TREATMENT, FINAL DIAGNOSIS, OUTCOME AND FOLLOW-UP have been added). The text has been formatted as required by WJGS journal.

After checking again we reviewed all information in the consent forms

The syntax and English were reviewed by an English PhD Senior scientist at University of Montreal

CARE checklist is already included in the submission. We join it again.

We also added information or modified parts of the text in order to address questions and comment of the reviewers.

- The colostomy was fashioned through a small left paramedian incision directly over the junction of the descending and sigmoid colon. [page 6, 9<sup>th</sup> par]
- Oral preparation for the colonoscopy was well tolerated. [page 6, 6<sup>th</sup> par.]
- No polyposis was found. [page 6, 6<sup>th</sup> par.]
- There was no evidence of peritoneal metastases. A subtotal colectomy was carried out keeping as much the distal sigmoid as possible to allow for a side-to-side ileosigmoid anastomosis and alleviate potential postoperative diarrheas. [page 7, 2<sup>nd</sup> par.]
- There was no polyp and no evidence of inflammatory bowel disease. [page 6, 8<sup>th</sup> par.]
- However, CEA was found to be increased to 17.1 µg/L (Normal: 0-4.9 µg/L) subsequently, but no recurrent disease could be demonstrated with thoracoabdominal CT scan and PET-CT. However, favourable clinical evolution notwithstanding, locoregional recurrence remains of concern. [page 7, 5<sup>th</sup> par.]
- Impending rupture of the colon and presence of stools contraindicated colonoscopy right after creating the colostomy. [page 8, 5<sup>th</sup> par]
- Moreover, the obstruction at ileocecal valve was not complete initially since the oral preparation for the colonoscopy was effective. [page 8, 5<sup>th</sup> par.]

- The complicated and prolonged postoperative course is unfortunate and beyond the scope of discussion. Consequently, the patient could not receive adjuvant chemotherapy. [page 9, 2<sup>nd</sup> par.]

We hope that the reviewed manuscripts and comments will satisfy World Journal of Gastrointestinal Surgery

Best regards.

Eric Bergeron MD