

The authors report a short case series of sclerosing encapsulating peritonitis (SEP) in the form of an abdominal cocoon syndrome (ACS). They describe difficulties in diagnosis and give a treatment recommendation (primarily surgery), not without mentioning possible alternatives. Title, Abstract and Keywords are good and meaningful. The Core Tip gives additional information. The Introduction is short. Some general information given in the Discussion could be transferred to the Introduction, but that would be just „polishing“. The Case presentations are well done. Each case adds a different angle to the syndrome, so they give a more complete picture. One question: were there any histological or immunohistochemical peculiarities in the cocoon material? The Discussion is giving information about the differences in idiopathic and secondary SEP. There seems to be a higher prevalence in Asia which corresponds with the distribution of previously published reports. CT scan is recommended for diagnosis although there is not a concise information of the advantages (apart from operator dependence) in contrast to ultrasound, which might allow for a more timely and direct diagnosis. This might reflect regional differences in training. The Conclusion picks up the issues mentioned in the Abstract, Introduction and Discussion. References are good. Pictures give an idea of the pre- and intraoperative situation. All in all, the case reports are well done. There are a very few minor details which might add to it, but it would also be worthy of direct publishing.

Answer: Introduction Enhancement: 1.1 The reviewer mentioned that the introduction is short. To address this, I have added more information about Abdominal Cocoon Syndrome (ACS), particularly emphasizing challenges in diagnosis due to its resemblance to other causes of bowel obstruction. This additional content can be found on page 3, paragraphs 3, 4, and 6 (highlighted in yellow). Histological and Immunohistochemical Analysis: 1.2 The reviewer inquired about any histological or immunohistochemical peculiarities in the cocoon material. In response, I would like to clarify that there were no specific peculiarities in the histological and immunological aspects of ACS. The entire cocoon consisted only of fibro-collagenous tissue, as detailed on pages 6, 8, and 11. (highlighted in yellow). Prevalence Information: 1.3 The reviewer mentioned that ACS is commonly found in Asia. I have addressed this by incorporating additional prevalence information with more references on

page 11. (highlighted in yellow). 2. The manuscript references were all correct in to format of World J Gastroenterology.