

February 5, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7487-review.doc).

**Title:** Single incision laparoscopic cecectomy for low-grade appendiceal mucinous neoplasm after laparoscopic resection

**Author:** Shiki Fujino, Norikatsu Miyoshi, Shingo Noura, Tatsushi Shingai, Hirohiko Tomita, Masayuki Ohue, Masahiko Yano

**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 7487

The manuscript has been improved according to your suggestion.

Furthermore we want to discuss about that lymph nodes dissection is need or not. Low-grade appendiceal mucinous neoplasm is classified to carcinoma groups in WHO classification because of pseudomyxoma peritonei but there is no fixed procedure. We summarize our cases which involved surgical resections to identify the optimal surgical method for appendiceal mucocele.

**(1) Procedure**

We performed cecectomy including appendectomy. The resected bowel was about 8cm in appendix and 1 cm in cecum. According to your comment, we revised our manuscript as follow:

Page 4, lines 20-23:

After pulling the cecum with the tumor through the SILS port, a cecectomy which included the swollen appendix was performed using a linear stapler (Endo GIA universal; Covidien, Mansfield, MA, USA). The resected bowel contained the appendix (8cm) and cecum (1 cm).

**(2) Histology**

Thanks for your comment relating the histology. We added the description about surgical margin and revised our manuscript as follow:

Page 4, line 24, Page 5, lines 1-2:

Histological examination showed low grade epithelial dysplasia, a feature diagnostic of a low-grade appendiceal mucinous neoplasm (Figure 4). Surgical margin was negative and no lymph node metastasis was discovered.

**(3) Single incision laparoscopic cecectomy (the method, benefits, and technique)**

Thanks for your comment relating our surgical procedure. As you mentioned, our case report is not about conventional SILS, but largely a laparoscopic-assisted surgery through single incision reported previously (ref. 7\*-> SILS for cecectomy). According to the reviewer's suggestion, we revised our manuscript as follows:

Page 5, lines 20-24, Page 6, lines 1-5:

Furthermore, SILS has been often applied in several fields, and in colectomies (7-11). Recent reports show single incision approach through the umbilicus that are called SILS port or grove method. The narrow working space for surgical manipulation for surgical manipulation

presents a technical difficulty; however, in certain cases, it is still easy and safe to convert to the conventional laparoscopic surgery with multiple ports or open laparotomy. Laparoscopic surgery has the added benefit of the laparoscope magnifying the surgical field, keeping the surgical space wide by aeroperitoneum. Additionally, in our case, the SILS operation was started but could have been changed to any operation, such as conventional laparoscopic surgery or open surgery, if we had encountered any difficulties (e.g., bleeding, injury to other organs, or difficult surgical manipulation).

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Surger*.

Sincerely yours,

A rectangular box containing a handwritten signature in cursive script, which appears to read "M. Miyoshi".

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