

**Name of journal:** World Journal of Gastrointestinal Endoscopy

**ESPS manuscript NO:** 30521

**Manuscript type:** Observational study

**Title:** Adult Intussusception: A case series and review.

Response to the reviewers

Thank you for reviewing the manuscript and your positive thoughtful comments and suggestions.

After carefully reading your recommendations I have made the following changes made in red font.

**Reviewer 1**

1. The title has been changed to clarify the objective of the study.

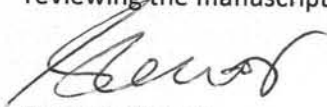
**Title:** Adult Intussusception: A case series and review.

2. The abstract has been reworded to include the suggestions made; the aim clearly mentions this to be our experience and review of literature. The results section of the abstract also has been rephrased for a clear understanding for the readers.
3. Adult Intussusception is infrequent; most prior studies are retrospective short case studies and series and express anecdotal views of the respective authors. As such a table representing a consensus statement or guidelines may not be feasible at present time. However we attempted to include certain recent studies in our citations and as references.

**Reviewer 2**

1. The title has been changed as above as per the reviewers suggestions, and the abstract has also been modified.
2. The introduction has been modified to include the historic aspects of AI, the differentiation between pediatric and adult population, the different lead points etc. as suggested by the reviewer.
3. The sentence beginning with the "frequent use of the CT scans" has been reworded to explain the term transient as benign, physiological phenomenon.
4. In the method and result section the criteria for inclusion are elaborated. All patients referred with a surgical consultation for "Intussusception" were included. There definitely could be a potential for selection and referral bias which has been mentioned as a limitation of the study in the conclusions. Co-incidentally none of these patients has prior abdominal operations.
5. We concluded by acknowledging the limitations of our study with remarks: Our series has limitations for being a retrospective study and with small volume. There is a potential for selection and referral bias. Because of rarity of the outcome, the study may be underpowered. However as mentioned AI is a rare finding and clinical presentation and acuity should determine the operative decision making versus conservative care with a close follow up.

I hope I have answered all the queries. I thank the reviewers once again for time and effort in reviewing the manuscript.



Santosh Shenoy

1/3/17

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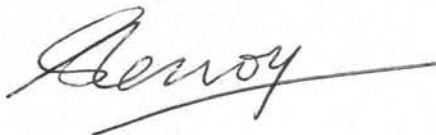
**Institutional review board statement:** The study was reviewed by the KCVA (Kansas City VA) research office and due to the anonymous nature of the data in this retrospective study, the review board approval was waived.

**Informed consent statement:** Informed consent was waived because this study was a retrospective and included no personal information about patients.

**Biostatistics statement:** The statistics from this study were reviewed and confirmed by Dr. Santosh Shenoy from KCVA, the author of the article.

**Conflict-of-interest statement:** Dr. Santosh Shenoy is a full time employee of Kansas City VA medical center (KCVA) and received no financial support or funding. There are no financial disclosures.

**Data sharing statement:** No additional data are available.

  
Santosh Shenoy  
1/3/17