

Name of journal: World Journal of Gastroenterology
ESPS Manuscript NO: 32997
Manuscript Type: Case Report

Protein-losing Pseudomembranous Colitis with Cap Polyposis-like Features

Wolfgang Kreisel, Guenther Ruf, Richard Salm, Adhara Lazaro, Bertram Bengsch,
Anna-Maria-Globig, Paul Fisch, Silke Lassmann, Annette Schmitt-Graeff

Cover Letter

To the Editor

Here we send you the revised version of the manuscript No 32997.

We carefully modified the manuscript according to the remarks of the editor and the comments of the reviewer.

All changes in the manuscript are highlighted in red.

Comment q1: Adhara Lazaro has the British IELTS certificate grade 8.0. She has checked and corrected the manuscript. Therefore, we suppose that further language polishing is not necessary. Is this correct?

Comment q3: We did as suggested.

Comment q5: We added:
Informed Consent Statement
Conflict of Interest statement
IBR statement

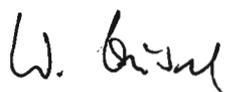
Comment w16: We did as suggested

Comment k8: We did as suggested

Comment q10: we reformatted all the references.

Comment 12: We did as suggested

Comment 14: PMID and DOI have been inserted if possible. As for Refs. 3 and 4: These are the most informative internet sites. How can they be cited?



Prof. Dr. Wolfgang Kreisel

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Response to the Reviewers.

We thank the reviewers for their evaluation.

Reviewer 1:

We corrected the misspellings.

Reviewer 2:

We agree the reviewer that the case may represent a new variant of cap polyposis. In the Discussion Section we added a sentence about this.

Reviewer 3:

As reviewer 3 mentions, in most cases *Clostridium difficile* is the cause of a pseudomembranous colitis. We cannot completely exclude that initially a bacterial infection may have triggered the inflammation. But neither before start of immunosuppression, nor during, nor after its termination pathogenic intestinal bacteria could be identified. During the treatment several courses of antibiotic treatment were performed, including metronidazole, vancomycin, quinolones, carbapenems, ganciclovir. It is highly improbable that we have missed an intestinal infection. An analysis of the whole microbiota could not be performed.

In the Discussion section we inserted a sentence of a possible relation between pseudomembranous colitis and *Cl. difficile*.



Prof. Dr. Wolfgang Kreisel