

ANSWERING REVIEWERS



August 22, 2015

Dear Professor Timothy M Pawlik
Editor-in-Chief,
World Journal of Gastrointestinal Surgery,

Please find enclosed the edited manuscript in Word format (file name: 18500-review.doc).

Title: Laparoscopic surgery for small-bowel obstruction caused by Meckel's diverticulum

Author: Takatsugu Matsumoto, Motoki Nagai, Daisuke Koike, Yukihiro Nomura, Nobutaka Tanaka.

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 18500

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Point-by-point replies to the comments made by the reviewers.

Reviewer #03000525, Comment 1

We appreciate the reviewer's critical comment. It is generally stated throughout the medical literature that 25% of Meckel diverticula become symptomatic.

The revisions were as follows:

Page 8, line 14 (new):

Reportedly, 25% of Meckel's diverticulum become symptomatic throughout the lifetime.

Reviewer #03000525, Comment 2

As the reviewer pointed out, surgical resection of Meckel's diverticulum can be achieved either by the diverticulectomy or by the segmental bowel resection and anastomosis. The latter is preferred when there is palpable ectopic tissue at the diverticular-intestinal junction. Thus we cut the mesodiverticular band and mobilized the diverticulum laparoscopically, and subsequent extracorporeal diverticulectomy was performed after confirming that there was no ectopic tissue at the junction by palpation.

Reviewer #03000525, Comment 3

No, the patient had no episode of hematochezia.

The revision was as follows:

Page 6, line 5 (new):

She had no episode of hematochezia.

Reviewer #00742022, Comment 1

We appreciate the reviewer's comment, we had inserted the serial number in each page.

Reviewer #00742022, Comment 2

Because of ovarian hyperstimulation syndrome 2 years previously Was this due to fertility treatment or another cause?

Yes, she had received a fertility treatment 2 years previously.

Reviewer #00742022, Comment 3

Abdominal plain X-ray examination demonstrated a ladder-like series of distended small-bowel loops. Can this be referred to in the figure.

As the reviewer recommended, we added the figure of abdominal plain X-ray image.

The revision was as follows:

Page 6, lines 9-10 (new):

Abdominal plain X-ray examination demonstrated a ladder-like series of distended small-bowel loops (Figure 1).

Reviewer #00742022, Comment 4

Comment: Discussion Meckel's diverticulum occurs with an incidence of 1-2% among the general population, and most cases remain asymptomatic [7]. Complications result most commonly from bleeding, inflammation, or obstruction [5, 7]. This was already said in the Intro. Intestinal obstruction due to Meckel's diverticulum is the most common presentation in Intestinal obstruction due to Meckel's diverticulum is the most common presentation Awkward.

Reply: We appreciate the reviewer's critical comment. We eliminated the duplication of the manuscript.

The revision was as follows:

Page 8, lines 14-15 (new)

Reportedly, 25% of Meckel's diverticulum become symptomatic throughout the lifetime [4]. Bleeding, inflammation or obstruction are the main cause of complication [2].

Reviewer #00013033, Comment 1

Comment: Please modify the conclusion that this is an exceptional cause that should not be considered in the routine differential diagnostic workup.

Reply: As the reviewer recommended, we modified the conclusion.

The revision was as follows:

Page 10, lines 7-8 (new)

Multi-dimensional CECT may yield to detect both the etiology of small-bowel obstruction and the presence of strangulation in such unusual settings.

Reviewer #02741591, Comment 1

Comment: The abstract is 122 words which makes it truncated. More laparoscopic details would be interesting to present. A long tube was placed and her small intestine was successfully decompressed. More details on this procedure would be appealing and preferably with a proper reference. and we cut the mesodiverticular band and resecting

Reply: We appreciate the reviewer's critical comment, we have added more details of surgical procedure.

The revisions were as follows:

Page 3, lines 10-13 (new)

After intestinal decompression, elective laparoscopic surgery was carried out. Using three 5-mm

ports, Meckel's diverticulum was dissected from the surrounding adhesion and MDB was divided intracorporeally. And subsequent Meckel's diverticulectomy was performed.

Page 7, lines 7-10, (new)

Two months after discharge, we performed elective laparoscopic surgery using three 5-mm ports. Meckel's diverticulum was dissected from the surrounding adhesion and MDB was divided intracorporeally. Then subsequent Meckel's diverticulectomy was performed extracorporeally via a 2cm mini-laparotomy.

Reviewer #02741591, Comment 2

COMMENT: resected on POD5.....IVR.....MDCT...SBO

COMMENT: Any abbreviation should better be fully expanded at its first appearance in the text; even if they are well known for most of the readers.

Reply: We appreciate the reviewer's comment, we added the complete expression before each abbreviation at its first appearance in the text.

Reviewer #02741591, Comment 3

Comment: There is no mentioning of the positive outcome after 4 years in the discussion. This may raise the question of why did the authors wait for 4 years to publish this case? It could have thus been published 4 years ago. More in-depth discussion for the whole issue and for the encouraging outcome is essential.

Reply: As the reviewer kindly pointed out, we could have published this case report earlier. However, as we could not have the written informed consent from her for 4 years because she had been in abroad for her business. She has come back to our country and we have started routine check-up for her in our institution. And finally we have obtained the informed consent for publication of this case. This is the reason why we waited for 4 years to publish this case.

3 References and typesetting were corrected

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

Sincerely yours,

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