

Format for ANSWERING REVIEWERS



November 15, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript NO 13849.doc).

Title: Mucocele of the appendix: An unusual cause of lower abdominal pain in a patient with ulcerative. A case report and review of the literature

Author: Jian-Zhuang Ren, Meng-Fan Zhang, Kai Zhang, Guo-Hao Huang, Peng-Fei Chen, Zhao-Yang Wang, Xu-Hua Duan, Xin-Wei Han

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13849

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

Reviewer 1

This is an original article on the impact of CT angiography in diagnosis and pretreatment planning of lower GI bleeding. The study is well designed, the text is concise. The acronyms should be specified. For example: AVM (arteriovenous malformation). The following sentence should be checked in "Treatment planning with 64-row CTA": A lower GI bleeding was considered suitable for conservative treatment when the patient had no lower GI bleeding. The following sentence should be checked in "Results": Thus, overall patient based accuracy of 64-row CT in the detection of acute GI bleeding was 88,5 % (23 of 26). In figure 1A,C and D the arrows indicated in figure legend are not reported in figures. bleeding.

Yes, we specified the acronym of AVM in the text.

A lower GI bleeding was considered suitable for conservative treatment when the patient had no lower GI bleeding.

Yes, we corrected the sentence as a lower GI bleeding was considered suitable for conservative treatment when the patient had no lower GI bleeding on CTA.

Thus, overall patient based accuracy of 64-row CT in the detection of acute GI bleeding was 88,5 % (23 of 26).

Yes, you are right, and we corrected the sentence as overall patient based accuracy of 64-row CT in the detection of acute GI bleeding was 90.5% (57 of 63).

Yes, we added the arrows in figure 1.

Reviewer 2

ANGIOGRAPHY

This is a well written interesting paper with large series and nice illustrations on the role of 64-CT angiography in the diagnosis of lower intestinal bleeding

There are some minor flaws

End of the abstract. What is DSA?

Yes, we specified the acronym of DSA in the key words and text

Introduction, line 21, what is DSA?

Yes, we specified the acronym of DSA in the key words and text

Study design: there is no need to use the abbreviation IRB as the expression is not repeated in the rest of the paper

Yes, we deleted the IRB

Materials, line 15, what is AVM?

Yes, we specified the acronym of AVM in the text.

Image acquisition. What is VCT?

It is a type of the CT machine.

Results, line 6, 33 not thirty three

Yes, we corrected it.

Discussion, 100 lines, should be slightly shortened

Yes, we shorten the sentence.

Figure 1, caption, third line , ileum npot Ileum

Yes, you are right, and we corrected them.

Figure 2, caption, first, third and last line, ileum not Ileum

Yes, you are right, and we corrected them.

Reviewer 3

This manuscript proved that CTA was sensitive in detecting active lower GI bleeding and efficient in

treatment decision. But the authors failed to include those patients, whose CTA was negative or positive without receiving endovascular or surgical treatment at the same duration. I think the author should include these patients to determine performance of CTA in diagnosis and treatment decision.

Thank you, it is a good question. Actually, we had these patients to determine performance of CTA in diagnosis and treatment decision.

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3 References and typesetting were corrected

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

Sincerely yours,

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