Author's response to reviews

Title: The Frequency Of Microscopic And Focal Active Colitis In Patients With Irritable Bowel Syndrome

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Author's response to reviews: see over
We would like to thank the reviewers and the editors for their useful comments to improve the quality of the manuscript. We have revised the manuscript in accordance with the reviewers’ and editors’ suggestions. We highlighted changes with highlighted yellow color.

**Reviewer 1**

**Comment 1:** Study limitations: This needs to be broadened. I appreciate that you comment on the differences in age gender but I would appreciate if you would state why these differences are important and why the % of women w/IBS enrolled was so low. Is this comment from trials in Turkey as it is uncommon in trials in the USA.

**Response 1:** The percentage of women with IBS is 55.3%. This percentage is close to the female:male ratio in Turkey.

**Comment 2:** Introduction: In the sentence on the prevalence of IBS being 7.4-19.1% I would comment that this is the prevalence in Turkey. This information is corrected in ‘Introduction’.

**Response 2:** The comment of the reviewer is very much appreciated. The prevalence of IBS is estimated between 7.4-19.1% at the studies from Turkey.

**Comment 3:** Materials and Methods: I appreciate the categorization of IBS patients as per Rome III subclassifications; however, the criteria you use to define IBS-D/M/C are not per Rome III. I would change the "according to Rome III" to modified Rome III.

**Response 3:** There are some differences for IBS diagnosis and subtype definition between Rome II criteria and Rome III criteria. We defined IBS subtypes according to the Rome III criteria. However, we changed definition of IBS subtypes in the text. ‘Patients with IBS were divided into 3 subgroups according to the ROME III criteria. Patients with hard stools and who defecated less than 3 times a week were defined as the constipation-predominant group (IBS-C). Patients defecating more than 3 times a day (with a watery stool more than 250 g) were defined as the diarrhea-predominant group (IBS-D). Patients expressing some of the characteristics of both groups were defined as the mixed group (IBS-M).’ Sentences was changed to the sentences ‘Patients with IBS were divided into 3 subgroups according to the Rome III criteria. Patients with hard or lumpy stools $\geq 25\%$ and loose (mushy) or watery stools $< 25\%$ of bowel movements the constipation-predominant group (IBS-C). Patients with loose (mushy) or watery stools $\geq 25\%$ and hard or lumpy stools $< 25\%$ of bowel movements as the diarrhea-predominant group (IBS-D). Patients expressing hard or lumpy stools $\geq 25\%$ and loose (mushy) or watery stools $\geq 25\%$ of bowel movements were defined as the mixed group (IBS-M).’
Comment 4: Materials and Methods: Are per my prior question re: alarm symptoms you reference the Olden paper. While this was an excellent paper for its time there have been subsequent studies. I would recommed that you modify the table such that it is more consistent with the data from the ACG EBM statement which is your citation #33.

Response 4: We modified Table 1 according to the manuscript named ‘An Evidence-Based Systematic Review on the Management of Irritable Bowel Syndrome’ which published in 2009 by Brandt. Table 1 consist of alarm symptoms solely mentioned in the above paper.

Comment 5: Results: At the end "there was no significant difference among the incidence of FAC..." this is placed prior to the actual data. I would move this sentence below the next sentence starting with "FAC was found in 6.6%..."

Response 5: The corrected suggestion correction was made.

Comment 6: Discussion: You reference the Chey study on colonoscopy and note that alternative diagnoses were identified in 1.9% of IBS patients. Please clarify this as non-constipated IBS patients.

Response 6: The percentage of microscopic colitis of 1.9% was corrected to ‘1.9% of non-constipated IBS’ in the Discussion section.

Comment 7: Discussion: 3rd paragraph 1st word: Microscopic misspelled. Please correct

Response 7: It is corrected in the text.