Author's response to reviews

Title: Long Intestinal Tube Splinting Prevent Postoperative Adhesive Small Bowel Obstruction in Sclerosing Encapsulating Peritonitis

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Author's response to reviews: see over
Dear Magdalena Morawska,

Thank you for your kind decision letter. We would like to express our appreciation to the reviewers for their constructive review. We have revised our manuscript based on the reviewers’ suggestions, and tracked changes in the text for the reviewers’ convenience. The comments are addressed below in a point-by-point manner. We hope the changes are satisfactory, and that you will find the manuscript acceptable for “BMC GASTROENTEROLOGY”.

Please be advised that all revisions and corrections are highlight in red fonts as suggested.

We are looking forward to hearing from you soon.

Best regards

Yours sincerely,

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Editorial Comments:

1) Please move funding information to Acknowledgements section
Response: We have revised it according to your advice.

2) Please include competing interest statement. Where an author gives no competing interests, the listing will read 'The author(s) declare that they have no competing interests'.
Response: We have stated the competing interest statement.

3) Please use initials to refer to each author's contribution.
Response: We have shown the contribution of each author.

Reviewer(s)' Comments to Author:

Reviewer: 1
1. A major problem is that in the methods there is not a good definition of SEP and it is not all described how SEP is diagnosed and whether SEP patients were in fact diagnosed and part of the patient population. It seems from the method and result section that there are no SEP patients involved in the study.
Response: We appreciate the suggestions. The diagnose criterion of SEP has been shown on p.5, line 3.

2. The study concerns a small number of patients. In the abstract it is mentioned that there are two groups, a simple enterolysis group and a tube splinting group. This cannot be found in the method or result section of the article.
Response: We appreciate the comment. The groups have been stated p.5, line 5 in the method and p.6, line 7 in the result.

Reviewer: 2
nice paper, accept without revisions

Response: Thank you for your review.

Reviewer: 3

I think this is a very interesting manuscript about a rare disease such as SEP. Indeed is very important to have awareness of this condition as a possible etiological factor in order to facilitate pre-operative diagnosis, prevent inadvertent bowel damage at laparoscopy and unnecessary bowel resection at laparotomy. Indeed long intestinal tube splinting was performed in 33 patients in addition to the excision of the fibrotic membrane, while only 11 patients received simple adhesiolysis. There is a low probability of detecting a significant difference between the mentioned study groups, since the researchers would need a sample size of at least 28-30 patients in the control arm, to show clear benefits to the individual receiving the additional treatment. In my opinion we should not focus on P values alone to decide whether a treatment is clinically useful, but we have to take in account both the clinical and the statistical significance of the findings. We can draw strong conclusions about efficacy of tube splinting in preventing ASBO in SEP patients.

Response: We appreciate the comment. SEP is a rare event. It is difficult to find a sample population large enough to attain statistically significant results. In this study, we have the largest number of patients comparing with previous studies. In the paper, we compared the recurrence rate of ASBO not only between the patients in our series who were in tube splinting and simple enterolysis group (on p.7, line 22) but also between the patients who received tube splinting in this series and the patients in previous reports who received simple enterolysis (on p.8, line 22). The results all showed that tube splinting reduced recurrence rate of ASBO.