Author’s response to reviews

Title: Prolonged Gastroparesis after corrective surgery for Wilkie's Syndrome: A Case Report.

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Author’s response to reviews: see over
Comments of the Associate Editor:

There are still a number of language and typographical errors which need correcting. A few I have noted are:

Page 3: dysmotility should not have a capital "D" (this is repeated later in the manuscript);

Page 3: there are occasionally spaces before a full stop;

Page 3: sometimes "kg" is written "Kg";

Page 3: "since her teenage years? is more correct;

Page 3: "There was no thickening of the wall of THE duodenum?? is more correct;

Page 4: "The potential cause of this syndrome was unclear and THE only obvious precipitating factor?? is more correct;

Page 4: "A seven DAY trial?? is more correct;

Page 4: "THE patient's symptoms WORSENE AND she?" is better;

Page 4: "THE patient chose to have Strong? Procedure AND open surgery IF NECESSARY? looks and sounds better;

Please ensure "s? is used throughout the manuscript ("Wilkies sometimes appears);

Page 5: I would use "such as" in place of "ie";

Page 6: "The real diagnostic challenge is faced WHEN PATIENTS
PRESENT with?? is more correct;

page 7: ?Open and laparoscopic duodenojejunostomy HAVE been described?? is more correct.?

**Author Response:**

I have made corrections in line with the above comments and corrections.

Thank you.

**Reviewer’s Comments:**

The authors answered the reviewer's questions appropriately and provided additional information. But still, we do not learn a lot from the present case, except that there might be prolonged gastroparesis after Wilkie's syndrome. The case will not lead to a change in management in future.

**Author’s Response:**

Please note the following change to conclusion:

Open and laparoscopic duodenojejunostomy have been described as the best surgical treatment options for the Wilkie’s syndrome but further work needs to be done for patients with refractory symptoms of gastroparesis after these corrective surgeries. This case report emphasis the historic management of Wilkie’s syndrome and opens a new debate about management of prolonged gastroparesis after conventional duodenojejunostomy for Wilkie’s Syndrome.