Dear Editor:

Thank you very much for your help in processing the review of our manuscript (Manuscript ID: BMGE-D-19-00493R1). We have carefully read the thoughtful comments from you and reviewers and have found that these suggestions have helped us to improve our manuscript. On the basis of the enlightening questions and helpful advice, we have now completed the revision of our manuscript. The itemized responses to the reviewers’ comments are listed below. We hope that all these corrections and revisions will be satisfactory. Many thanks again.

1. Title: Diagnostic efficacy of double-balloon enteroscopy in patients with suspected isolated small bowel Crohn’s disease

2. Manuscript type: Article

3. Corresponding author: Xiang Liu

4. Full author names: Zihan Huang, Xiang Liu, Fei Yang, Guoxin Wang, Nan Ge, Sheng Wang, Jintao Guo, Siyu Sun
Sincerely,

Xiang Liu  
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Shenyang, Liaoning, 110000, P R China.

Responses to comments of Editor  
Ilhami Yuksel (Reviewer 1) comment:  
In the present study, the Authors aimed to investigate the value of double-balloon enteroscopy (DBE) for diagnosis of isolated small bowel Crohn's disease (CD). This is so valuable study; however I have some questions and comments, which should be addressed by the Authors.

Major comments

1. The study design appears confused because of DBE was used as a diagnostic tool and also an activity detector in the present study. I think that the Authors did not need to evaluate CD activity or respond to treatment. In the current study, DBE was just used as a diagnostic tool in suspected isolated small bowel CD. Thus, the Authors should omit the part of the paper that does not include diagnostic estimation of DBE for making the diagnosis of isolated small bowel CD.

2. In the material and method, the Authors mentioned that EGD, colonoscopy, CTE or enhanced computed tomography (CT), and VCE were done in some cases. CTE and VCE were performed in just some cases, although all patients underwent CT (table 1). CT is satisfactory for the suspicion of small bowel CD. The Authors might exclude the results of CTE and VCE from the main text and tables.

3. This study is also not a surveillance study, so Authors should omit surveillance results and information like "three patients underwent DBE surveillance after treatment and were found to improve, on the basis of endoscopic images...".

Response:

Thank you for your constructive and helpful suggestion.  
Point by point response to reviewer:

1. “The study design appears confused because of DBE was used as a diagnostic tool and also an activity detector in the present study. I think that the Authors did not need to evaluate CD activity or respond to treatment. In the current study, DBE was just used as a diagnostic tool in suspected isolated small bowel CD. Thus, the Authors should omit the part of the paper that does not include diagnostic estimation of DBE for making the diagnosis of isolated small bowel CD.”  
Thank you for your suggestion. As you pointed out, the purpose of this study was to assess DBE as a diagnostic tool. On the basis of your suggestions, we have removed the context regarding evaluation of therapeutic efficacy in the Abstract, Results, and Discussion, and we have also deleted the paragraph on mucosal healing in the Discussion.
2. “In the material and method, the Authors mentioned that EGD, colonoscopy, CTE or enhanced computed tomography (CT), and VCE were done in some cases. …..The Authors might exclude the results of CTE and VCE from the main text and tables.”

Thank you for your suggestion. We have modified the phrasing in the Materials and Methods, Results, Discussion and Table 1. We have used the description of additional imaging in Table 1 to show the CTE and VCE results.

3. “This study is also not a surveillance study, so Authors should omit surveillance results and information like "three patients underwent DBE surveillance after treatment and were found to improve, on the basis of endoscopic images…”.

As you commented, because this study was not a surveillance study, the surveillance results appear redundant. Therefore, we have removed the 6th paragraph in the Discussion and related content in 8th paragraph in the Discussion.

Once again, thank you for reviewing this article and for your valuable suggestions.

Steven Naymagon (Reviewer 2) comment:
I applaud the authors for a very nice manuscript. They provide a nice summary of the utility of DBE in CD.

The major question for me as reader is whether DBE provides any incremental benefit over more non-invasive modalities for diagnosing CD. Meaning, if I perform colonoscopy, EGD, VCE, and CTE on a patient I can usually make the diagnosis of CD. How often does DBE add value after the above listed studies are performed completely and adequately? I was not able to ascertain this from the manuscript. Can this information be clearly included in the table and text?

It seems that many of the patient included in the analysis did not have VCE or CTE. Why not?
Response:
Thank you for your questions. The article has been modified according your suggestions.

Point by point response to reviewer:

1. “The major question for me as reader is whether DBE provides any incremental benefit over more non-invasive modalities for diagnosing CD. How often does DBE add value after the above listed studies are performed completely and adequately? I was not able to ascertain this from the manuscript. Can this information be clearly included in the table and text?”

Thank you for your suggestions. We have drawn a new figure (Figure 2) to make the DBE information clearer. We also describe the benefits of DBE in the last sentence in the Results, in which DBE assisted in diagnosis in 86% (12/14) of the patients, and in the last two sentences in Discussion, 2nd paragraph.

2. “It seems that many of the patient included in the analysis did not have VCE or CTE. Why not?”
Because our hospital is a referral center, some patients were admitted to our hospital for DBE examination. All patients underwent CT; therefore, CTE was not mandatory. Because there was no patency capsule in our hospital, we did not perform VCE for patients at risk of obstruction. In this retrospective study, we collected as much complete patient information as possible, but because of the lack of financial support and poor compliance of some patients, we could not obtain VCE and CTE
results. Therefore, we have made appropriate modifications in Table 1, which we hope will improve the article.

Thank you for your valuable comments, which have been very helpful in improving our work.