Author’s response to reviews

Title: Sclerosing mesenteritis in a 5-year-old Chinese boy: a case report

Authors:

Cuiping Liang (172262276@qq.com)
Min Yang (ymlyxw@gmail.com)
Peiyu Chen (chenpei.y@163.com)
Lanlan Geng (genglan_2001@hotmail.com)
Ding-You Li (dyli@cmh.edu)
sitang gong (sitangg@126.com)

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March 20, 2017

Re: BPED-D-15-00118

Title: Sclerosing mesenteritis in a 5-year-old Chinese boy: a case report

Authors: cuiping liang, MD; min yang, PHD; peiyu chen, MD; lanlan geng, MD; dingyou li, PHD; sitang gong, PHD

Dear Editor:

We would like to thank you for reviewing our manuscript. We appreciated the comments and suggestions from the two excellent reviewers. The following are our point to point responses to the reviewers’ questions. All changes in manuscript are marked in red (page numbers and lines as in the revised manuscript).
Thanks for your consideration.

Sincerely,

Cuiping Liang, MD
Department of Gastroenterology
Guangzhou Women and Children’s Medical Center
9 Jinsui Road
Guangzhou, 510623
China

Reviewer 1:
1. Background: "Bloating" is misspelled.

As suggested, it is corrected (page 2, line 3).

2. Case Presentation: Why was a Rivalta test done? The PET scan demonstrated an inflammatory condition.

Since Rivalta test is simple and inexpensive, we routinely perform it in body fluids. Rivalta test was performed in ascites to differentiate an exudate from a transudate. It is true that PET scan in our case demonstrated an inflammatory condition and Rivalta test may not be necessary. Since we did Rivalta test, we prefer to report the result.

The sentence was modified as: Rivalta test in ascites was positive for exudates… (page 5, line 2).
3. Discussion: Change to "Clinical symptoms…” to match noun and verb [not clinical symptom). As suggested, it is corrected (page 7, line 12).

4. My main criticism of this manuscript is that this pediatric presentation (although well written and clear) has been described in case report format on many occasions in the medical literature, and this manuscript does not provide any unique perspective compared to other similar publications in the pediatric literature.

We agree with the reviewer’s comment that sclerosing mesenteritis in children has been described in case report format on many occasions in the medical literature. As we stated in Introduction, only about twenty pediatric cases have been reported to date [2], but none has been reported in Chinese children. Therefore, this manuscript does provide a unique perspective in Chinese population compared to other similar publications in the pediatric literature.

Reviewer 2:

1. was there any prior history (patient or family) of any IgG4 and/or auto-immune related diseases?

No.

Added a sentence as follows:

There was no past or family history of any IgG4 and/or auto-immune related diseases (page 4, lines 3-4).

2. a CT scan was performed during the index admission but the manuscript does not describe the CT findings.

A description of CT findings was added as follows:
An abdominal CT scan revealed bowel wall thickening on the right side of bowel loops and massive ascites (page 4, lines 16-17)

3. it is unclear why a PET scan was performed. Could the authors clarify this?

Due to unusual presentation of this case, a PET scan was performed to exclude malignancies.

Modified the sentence as follows:

A positron emission tomography was performed to exclude any malignancies and showed….. (page 4, lines 17-18).

4. the operative findings do not make it clear if there was evidence of obstructive pathology, and if so if there was one point of transition or if it was multi-level? Additionally, was the disease centred more on the mesentery or the bowel? Again a figure showing the intra-operative or macroscopic specimen findings would be useful here.

Clarified and added sentences as follows:

No evidence of obstructive pathology was identified. The disease was centered more on the mesentery. (page 5, lines 10-12).

Since previous pediatric case reports of sclerosing mesenteritis had intra-operative and macroscopic specimen images and ours were not different from those reported, we decided not to add another figure of intra-operative and macroscopic specimen images.

5. "An ileostomy was created"…..I am assuming that this was an end ileostomy. Please clarify and state explicitly in the manuscript.
Yes, it was an end ileostomy.

Corrected as suggested (page 5, line 14).

6. histopathological findings should be discussed in a new paragraph.

Changed as suggested.

7. "A diagnosis of sclerosing mesenteritis was finally established". Whilst this is stated, there is no information (new or otherwise) regarding how this diagnosis was made and what information prompted this.

Due to the rarity of this disease and no case was reported in Chinese children, the diagnosis was initially suspected. After literature search, the disease was considered. Based on pathological features and clinical presentations, a diagnosis of sclerosing mesenteritis was finally established.

Added a sentence as follows:

Based on pathological features and clinical presentations, ….. (page 6, lines 6-7).

8. There is no mention of IgG4 serum subclass levels or tissue immunohistochemistry results. Were these tested and what were the results?

IgG4 serum subclass levels or tissue immunohistochemistry were not performed for this case.
9. Current diagnostic schema and standards should be referred to related to the present case.

Due to the nonspecific signs and symptoms of sclerosing mesenteritis, diagnosis is mainly made through a combination of histopathological and imaging findings. Most available imaging studies to show the features of the condition is an abdominal CT. A new reference is added (Sharma et al 2017).

Added a sentence as follows:

Therefore, due to the nonspecific signs and symptoms of sclerosing mesenteritis, diagnosis is mainly made through a combination of histopathological and imaging (preferably abdominal CT) findings [7]. (page 7, last 3 lines).