Author’s response to reviews

Title: CROHN'S DISEASE IN A DEVELOPING AFRICAN MISSION HOSPITAL: A RARE CASE REPORT

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Author’s response to reviews:

1. THE INTRODUCTION MUST INCLUDE FURTHER EPIDEMIOLOGICAL DATA ON CROHN'S DISEASE TO HIGHLIGHT THAT IT’S RARE OCCASION.

I have added details on the epidemiology of Crohn’s disease and other supporting reasons for this case report.

2. THE FOLLOW-UP PROCEDURES AND TREATMENT AFTER DIAGNOSIS ARE NOT EXPLICITLY STATED.

Details of treatment after diagnosis and follow-up have been included.

3. IN THE DISCUSSION, IT IS STATED THAT THERE IS NO STANDARD GOLDEN METHOD FOR DIAGNOSING CROHN'S DISEASE, BUT IT IS INDEED POSSIBLE TO MAKE AN IDEAL DIAGNOSIS BASED THE PATIENT'S CLINICAL, LABORATORY, ENDOSCOPY AND PATHOLOGIC DATA.

Inspite of the vast diagnostic modalities like ultrasound, barium x-rays, CT scan and colonoscopy, a clear diagnosis of CD may still remain obscure. Although there is no single “gold standard” indicator of this disease has been established, but it is indeed possible to make an ideal diagnosis based the patient's clinical, laboratory, endoscopy and pathologic data; meanwhile, colonoscopy, capsular-endoscopy as well as laparoscopy are proving to significantly assist Clinicians worldwide in elucidating the diagnosis [42]. Both computed tomography enterography (CTE) and magnetic resonance enterography (MRE) allow for visualization of the bowel wall, mucosa, and extra luminal complications. The CTE and MRE have sub-planted small-bowel barium studies as the criterion standard for the diagnosis and assessment of CD [14, 43].
4. THE DISCUSSION ALSO FAILS TO PRESENT EFFICIENT AND UP-TO-DATE INFORMATION ON THE TREATMENT OPTIONS FOR CROHN'S DISEASE.

The article now has up-to-date information on medical and surgical therapy and prognosis.

5. IT IS MENTIONED THAT ANNUAL FOLLOW-UP WAS SUGGESTED TO PATIENTS, WHICH CONTRADICTS DAILY PRACTICE.

The most recent post-operative abdominal CT scan and colonoscopy revealed disease free status. The index patient is also at the moment on maintenance dose of rectal mesalamine and oral omeprazole treatment. He has been followed-up two monthly in the surgical outpatient clinic over the last 16 months with satisfactory clinical outcome.

6. WHERE THE FOUR ATTACHED FIGURES ARE LOCATED IN THE TEXT IS NOT MENTIONED.

This has been corrected according to the reviewer’s request.

7. DESPITE ALL, IT IS A SIGNIFICANT STUDY AS IT DRAWS CLINICIANS' ATTENTION TO A RARE DISEASE IN AFRICA.

Finally, let me truly appreciate the painstaking effort of the reviewer and also the editorial team for supporting the publication of the article.