Decision Letter (JCQ-2025-0002)

From: [redacted]
To:
CC:
BCC:

Subject: Journal of Clinical Question - Decision on Manuscript ID JCQ-2025-0002

Body: 30-Jan-2025

Dear Dr Zhang:

Manuscript ID JCQ-2025-0002 entitled "Management with Conservative Gastrointestinal Decompression and Intravenous Immunoglobulin Relieved Intestinal Obstruction in Kawasaki Disease: A Case Report" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some minor revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.
1. Access to https://mc.manuscriptcentral.com/jcq and log into the site.
2. Click "Author" at the top left of the screen at "Home" page.
3. Click "Manuscripts with Decisions" on Author Dashboard page.
4. Click "create a revision" on the manuscript you are going to revise.
5. The system creates your revision manuscript form. Provide your comments about the revised points at the response field, fill in on each field step by step as same as you did for the original submission, and submit your revised manuscript.
IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.
Your manuscript number has been appended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,
Professor EIC JCQ
Editor in Chief, Journal of Clinical Question
jcqeic@gleampub.com

[Editor's Comments]
Associate Editor
Comments to the Author:
(There are no comments.)

[Reviewer(s)' Comments]

Reviewer: 1

Comments to the Author
Ref: JCQ-2025-0002
Management with Conservative Gastrointestinal Decompression and Intravenous Immunoglobulin Relieved Intestinal Obstruction in Kawasaki Disease: A Case Report
Journal of Clinical Question

To the authors

In this manuscript, authors reported that a young female with conservative management of jejunal obstruction in a patient with Kawasaki disease.

I have some questions and comments.
There are also reports that there are not many cases of Kawasaki disease patients exhibiting gastrointestinal symptoms. [1] Please tell us about the characteristics and precautions to be taken when treating cases with severe gastrointestinal symptoms like this case.
Despite her serious course, I think she was seen at the hospital as late as the 8th day of her illness. Did she visit another hospital before being admitted to our hospital? If you have been examined, please tell us the contents of the examination, findings, test contents, and treatment.
Please tell me about her bowel habits. Does she tend to be constipated? Also, does she have a picky eater?
Does she use well water?
Does she have pets?
On the 7th day of illness, she vomited. Please tell us about the contents of the vomit.
Her condition has progressed, and the blood gas data is shown. Please show us the blood gas test/blood test data from the first visit. Specifically, please tell us the Na, K, Cl, BUN, Cre, and blood sugar levels.
Please tell us about the data from her abdominal echocardiogram and abdominal CT scan. Did you find that she had intestinal lymphadenopathy?
Please give your opinion as to why the lesions are concentrated in the jejunal region.
You say that contrast agent was detected in the distal intestinal tract 3 hours after inserting the ED tube. Is this 3 hours a short period of time? Is it long? Is it standard?
You have mainly mentioned gastrointestinal symptoms after IVIG and ASA treatment, but I would like to know about other symptoms of Kawasaki disease. Please let me know if only the gastrointestinal symptoms remained, or if other Kawasaki disease symptoms were present as well.
In the Discussion, authors have described the presumed mechanism of intestinal obstruction in patients with Kawasaki disease, but I would like to know what kind of patients are likely to exhibit these symptoms. However, I would like to know the reason why symptoms appear in the jejunum, and what the clinician should be careful about based on this knowledge.

To the editors
Thank you giving me a chance to look at this manuscript. I believe that this study has one strength or message; 1) Authors carefully analyzed, treated and described a young female with conservative management of jejunal obstruction in a patient with Kawasaki disease.
However, this study has some weaknesses, which I described in Comment to author section. This article lacked essential novelty. Thus nothing wrong is written in this manuscript. I believe that the present findings will surely contribute to better understanding of all physicians and patients. It is very hard to determine with confidence whether this manuscript reaches high level of your Journal.

Reference
1. Nasri P, Adibmajlesi Z, Rahimi H, et al.: Gastrointestinal Manifestations in Children with Kawasaki Disease in Isfahan, Iran. Arch Pediatr Infect Dis. 2020, 8:e103072. 10.5812/pedinfect.103072

Reviewer: 2

Comments to the Author
The manuscript entitled" Management with Conservative Gastrointestinal Decompression and Intravenous Immunoglobulin Relieved Intestinal Obstruction in Kawasaki Disease: A Case Report" was reviewed. The authors presented an interesting case of Kawasaki Disease complicated with intestinal obstruction with gradual improved after intravenous immunoglobulin therapy without surgical intervention. A detailed literature review also was made. Despite authors effort, I have the following comments/questions for authors to respond:
1. In the Introduction" section (Line 47-49), the authors wrote" incidence rates
ranging from 82.8 to 199.7 per 100,000 children, compared to lower rates of 10 to 20 per 100,000 in non-Asian regions". The number in denominator should be per 100,000 children under 5 years old.
2. The physical examination in " Case Present section" was too brief. Please describe
the detailed physical findings in vital signs and abdominal examination findings (for examination: status of abdominal fullness? Liver size? Gurgling sound? Etc.
3. Please add a new table listing the serial C-reactive protein data , serail abdominal imaging findings and the status of the serail abdominal physical examinations.
4. Please describe the detailed findings of abdominal sonography regarding the findings of small intestine at/proximal/distal to the site of suspected intestinal obstruction?

Date Sent: 30-Jan-2025

Journal of Clinical Question

Author's Response to Decision Letter for (JCQ-2025-0002)

Management with Conservative Gastrointestinal Decompression and Intravenous Immunoglobulin Relieved Intestinal Obstruction in Kawasaki Disease: A Case Report

Response letter

Dear Reviewers,
We thank you for your detailed and insightful comments regarding our manuscript, which have greatly helped us improve the clarity and robustness of our study. Below, we provide point-by-point responses to your comments and outline the changes made to the manuscript accordingly.

Reviewer 1
Comment: There are also reports that there are not many cases of Kawasaki disease patients exhibiting gastrointestinal symptoms. [1] Please tell us about the characteristics and precautions to be taken when treating cases with severe gastrointestinal symptoms like this case.
Response: We appreciate the reviewer's thoughtful question. This is an important consideration in clinical practice. According to the attached article, gastrointestinal symptoms have been frequently observed in patients with KD. However, it is crucial not to overlook cases of KD with severe gastrointestinal compliants. Based on our case and a literature review, we suggest that bilious vomiting and diffuse abdominal tenderness are significant indicators. Additionally, a follow-up X-ray is essential, as it can promptly detect dilated bowel loops and intestiral wall thickening. We have added these suggestions into the discussion.
Comment: Despite her serious course, I think she was seen at the hospital as late as the 8th day of her illness. Did she visit another hospital before being admitted to our hospital? If you have been examined, please tell us the contents of the examination, findings, test contents, and treatment.
Response: We appreciate the reviewer's question. We have added the findings and treatment administered before the patient was admitted to our hospital. Prior to admission, the only test performed on the day of referral to our hospital were the rapid antigen test of adenovirus and C-reactive protein, both of which yielded results consistent with our own data.
Comment: Please tell me about her bowel habits. Does she tend to be constipated? Also, does she have a picky eater? Does she use well water? Does she have pets?
Response: We appreciate the reviewer's question. We have added the following information to the case report. "Her bowel habit was every two days. She is not a picky eater and had no contact with well water or pets."
Comment: On the 7th day of illness, she vomited. Please tell us about the contents of the vomit.
Response: We appreciate the reviewer's question. We have reviewed it again and revised the sentence to "On day 7, she began experiencing nausea."
Comment: Her condition has progressed, and the blood gas data is shown. Please show us the blood gas test/blood test data from the first visit. Specifically, please tell us the Na, K, Cl, BUN, Cre, and blood sugar levels.
Response: We appereciate the review's question. We have added a table to display laboratory findings upon admission.
Comment: Please tell us about the data from her abdominal echocardiogram and abdominal CT scan. Did you find that she had intestinal lymphadenopathy?
Response: We appereciate the review's question. There is no obvious intestinal lymphadenophathy. We have added this to case report.
Comment: Please give your opinion as to why the lesions are concentrated in the jejunal region.
Response: We appreciate the reviewer's comment on this point. Although the exact mechanism remains unclear, we hypothesize that the concentration of lesions in the jejunal region may be attributed to several anatomical and physiological factors. The jejunum has a rich vascular supply and a relatively high metabolic rate, making it more susceptible to ischemic or inflammatory insults. We have added this information to the Discussion section as follows: "The exact mechanism of intestinal obstruction in KD remains unclear. The jejunum has a rich vascular supply and a relatively high metabolic rate, making it more susceptible to ischemic or inflammatory insults."

Comment: You say that contrast agent was detected in the distal intestinal tract 3 hours after inserting the ED tube. Is this 3 hours a short period of time? Is it long? Is it standard?
Response: We appreciate the reviewer's inquiry regarding the significance of the 3-hour timeframe for detecting the contrast agent in the distal intestinal tract. The ED tube was placed in the morning, and its function was assessed after 3 hours. While this is not a standardized timeframe, it was determined based on our workflow and clinical schedule.
Comment: You have mainly mentioned gastrointestinal symptoms after IVIG and ASA treatment, but I would like to know about other symptoms of Kawasaki disease. Please let me know if only the gastrointestinal symptoms remained, or if other Kawasaki disease symptoms were present as well.
Response: We appereciate the review's question. Other symptoms of KD improved soon after IVIG and

ASA treatment. We have added this to the case report.
Comment: In the Discussion, authors have described the presumed mechanism of intestinal obstruction in patients with Kawasaki disease, but I would like to know what kind of patients are likely to exhibit these symptoms. However, I would like to know the reason why symptoms appear in the jejunum, and what the clinician should be careful about based on this knowledge.
Response: We appreciate the reviewer's comment. Intestinal obstruction in Kawasaki disease may occur in patients with severe inflammation, prolonged fever, or vasculitis, particularly in younger children or those with delayed treatment. Jejunal symptoms could be due to its rich vascular supply and susceptibility to ischemic or inflammatory changes. Clinicians should monitor abdominal symptoms closely and consider Kawasaki-related complications for timely diagnosis and management. This information has been added to the Discussion section as follows: "The jejunum has a rich vascular supply and a relatively high metabolic rate, making it more susceptible to ischemic or inflammatory insults. " "Recognizing and considering the possibility of KD complicated with intestinal obstruction is crucial for surgeons and pediatricians. Clinicians should remain vigilant for abdominal symptoms and consider Kawasaki disease-related complications to ensure timely diagnosis and appropriate management."

Reviewer 2
Comment 1: In the Introduction" section (Line 47-49), the authors wrote" incidence rates ranging from 82.8 to 199.7 per 100,000 children, compared to lower rates of 10 to 20 per 100,000 in non-Asian regions". The number in denominator should be per 100,000 children under 5 years old.
Response: We appreciate the thoughtful feedback and the comment. We have revised the text to specify that the incidence rates are per 100,000 children under 5 years old.
Comment 2: The physical examination in " Case Present section" was too brief. Please describe the detailed physical findings in vital signs and abdominal examination findings (for examination: status of abdominal fullness? Liver size? Gurgling sound? Etc.
Response: Thank you for your question, we have added the vital signs and abdominal examination findings to the case report.
Comment 3: Please add a new table listing the serial C-reactive protein data , serail abdominal imaging findings and the status of the serail abdominal physical examinations.
Response: We appreciate the the reviewer's comment. We have added the C-reactive protein data and a serial of abdominal physical examination findings on Figure 1. Additionally, we have reviesed Figure 2 and added 3 to show the serial abdominal imaging findings.
Comment 4: Please describe the detailed findings of abdominal sonography regarding the findings of small intestine at/proximal/distal to the site of suspected intestinal obstruction?
Response: We appreciate the reviewer's comment. We have added the details of abdominal ultrasound.

Best Regards
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