

February 14th, 2013



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1060-review.doc).

Title: Dysphagia Lusoria – a late onset presentation

Author: Alice Bennett, Charles Cock, Richard Heddle, Russell Morcom

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 1060

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

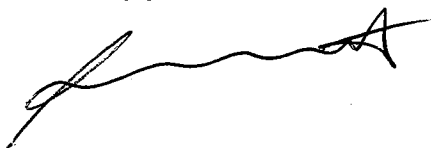
2 Revision has been made according to the suggestions of the reviewer

1. The description of the manometric findings follows the Chicago classification
2. The therapeutic plan follows the results of the complementary explorations and evidence-based medicine.
3. Page 1. Affiliations of Bennett and Cock now reads Hepatology and not Heaptology
4. Page 3, 1st paragraph, 3rd line: The patient was treated with empirical esophageal dilations 5 years prior with "transient improvement" rather than 'temporary effect'.
5. Page 3, 1st paragraph, 8th line: esophageal manometry showed "non-specific rapid peristalsis and synchronous events with solids". Manometry was performed with high resolution technology, so for the report, the Criteria for Classification of Chicago has now been followed.
6. Page 3, 2nd paragraph, 5th line: now reads "Kommerell's diverticulum" instead of "Kommerell diverticulum"
7. Page 5, 1st paragraph, 9th line: it now reads "When dysphagia occurs" instead of "Where dysphagia occurs"
8. Page 5, 3rd paragraph, 5th line: "Severe symptoms, not amenable to interventional dietary and swallowing strategies may warrant an attempt at empiric esophageal dilatation or surgical treatment". All references to oesophageal dilatation had been removed from the case report.
9. In the last paragraph, they report the plan for the patient: "..... dietary modification and intermittent dilations and no operative intervention is currently planned". Again, I cannot find any evidence for this risky procedure – please provide references
10. The relevant features in the images are indicated with arrows.
11. Figure 1. The increased intrabolus pressure in the lower third of the esophagus that can be observed in Figure 1 has now been described.

3. References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Alice Bennett', with a long horizontal flourish extending to the right.

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