

ANSWERING REVIEWERS

November 20, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13386-review.doc).

Title: Case report of a rare upper gastrointestinal bleeding

Authors: Wei-Wei Zhang, Xiang-Jun Xie, Chang-Xin Geng, Shu-Hui Zhan

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 13386

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

1 Format has been updated

2 Revisions have been made according to the suggestions of the reviewers:

(1) Question from reviewer 02445717 and response:

Was started endoscopic procedure to control of the bleeding and dissolve stone? Minor point should be clarified in the text if it is a stone or stones (in the Figure 3 there is only stone).

Response: The endoscopic procedure was performed to control bleeding and dissolve the large round stone (shown in Figure 1B). We have corrected the figure legend in the revised manuscript.

(2) Questions from reviewer 02911840 and responses:

a) Is there any evidence that this patient ingested excessive amounts of tannins? This needs to be put into context

Response: The patient had taken 1 kg Hawthorn, and this information has been included in the patient's history in the revised manuscript.

b) *The abbreviations for the blood parameters are redundant.*

Response: We have eliminated the redundant abbreviations where appropriate.

c) *How did the physical examination revealed that the patient had severe anemia- or was this shown by the blood test?*

Response: Anemia was determined by physical exam and blood test; the patient's conjunctiva and nail bed turned pale, and the blood test showed hemoglobin at 41 g/L.

d) *Although it can effect patients of all ages, it commonly presents between 25 and 60 years of age.*

Response: The reviewer is correct that presentation commonly occurs between 25 and 60 years of age. However, recent data from our hospital indicates that elder women are more prone to develop the disease.

e) *The authors should obtain assistance in polishing the English used.*

Response: We have taken the reviewers suggestion and the revised manuscript has been edited by Am Editor Inc.

(3) Question from reviewer 02926199 and response:

The manuscript can be considerably shortened.

Response: The manuscript has been shortened as suggested by the reviewer.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Cases*

Sincerely yours,



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Dear editor:

Thank you so much for your consideration and please find our answer as below:

Achalasia is a motility disorder of the esophagus, resulting in degeneration of the myenteric nerve plexus of esophageal wall. The etiology of achalasia is still unclear but prone to be multi-factorial, such as genetic, environmental or viral exposures resulting in inflammation of the esophageal myenteric plexus, which elicits an autoimmune response. As we know that it could be either a congenital or an acquired disorder.

Patients with achalasia will present with persistent food retention, and esophageal stone formation can occur in those who have ingested foods rich in tannins, cellulose, pectin and gum.

Clinically, these stones contain less calcium at the beginning as we find them full of bolus and soft touched by biopsy forceps, and gradually turn hard and probably become calcium rich which needs to be further assay.

Some Chinese literatures have reported these kind of stones, but none of them tested the concentration of calcium within the stones.

Best regards,
Wei-Wei Zhang