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Laparoscopic Esophagomyotomy for Achalasia in Children: A Review

MANUSCRIPT REVISION RESPONSE LETTER

Dear Editor,

Please find below our responses to administrator and reviewer comments.

Thank you kindly,

Dr. T.K. Pandian (first author) and Dr. David R. Farley (corresponding author)

Reviewer Comments

Reviewer comment #1: "Introduction section, please specify the percentage to merge Down's syndrome with achalasia."

Author response to comment #1: In the literature, 0.5-7% of children with Down syndrome have been found to have concurrent achalasia. This statement is now added and highlighted in the Introduction section, page 5.

Reviewer comment #2: "Introduction section, the authors described MII-pH can offer additional physiological details in diagnostic dilemmas for achalasic children. What is useful?"

Author response to comment #2: The following statement has been added and highlighted in the manuscript, Introduction section, page 6, to address the reviewer's comment: "Specifically, HRM can plot the pressure generated by the esophagus, creating a topographical map which allows classification of achalasia into additional subtypes (I-III).[16] This information can then be used to provide tailored treatment. Using a series of electrodes, MII-pH can measure the intraluminal impedance of a food bolus.[16] In general, HRM and MII-pH are not necessary if manometry is diagnostic."

Reviewer comment #3: “Procedure details section, the authors described that previous Botox injection or EPD, prior to LHM may lead to scarring near the GEJ and portend a higher risk of perforations. I agree with this statement, however think it is not related with post-surgical results. You should state this phenomenon.”

Author response to comment #3: the increased risk for perforation after Botox or EPD is mostly theoretical, however at least 1 study has shown that the risk is indeed higher. In the manuscript, Procedure Details – Operative Steps for Esophagomyotomy section, page 9, the word “theoretical” has been added to the sentence “Previous Botox injections or EPD, prior to LHM may lead to scarring near the GEJ and portend higher *theoretical* risk of perforation”. Also the mixed data regarding this risk is presented in the next sentence “Post-surgical data is mixed about this increased risk; at least one study suggests the risk is higher^[55] but others have shown there is no difference^[56, 57]”

Reviewer comment #4: “Type of fundoplication section, Katada et al. found efficacy of Toupet fundoplication, however, post-operative timed barium esophagogram had diverticulum in myotomy field. Please describe advantage and disadvantage for each surgical procedure.”

Author response to comment #4: Data regarding the advantages and disadvantages for each type of fundoplication is very limited. The sentence “They did find however, that 2 patients developed esophageal diverticula postoperatively” has been added and highlighted in the Type of Fundoplication section, page 16. The advantages (prevent reflux) and disadvantages (dysphagia, diverticula) have been mentioned as well, page 15.

Reviewer comment #5: “POEM section, I think POEM has some advantages, incision-free, control length of myotomy and so on. There is no fundoplication in POEM procedure, therefore incidence of GER is higher than conventional methods. LHM is gold standard for achalasia, however, POEM procedure is difficult and has not been enforced in small part of facility. What do you think?

Author response to comment #5: We believe that POEM is a viable and safe option when performed in centers with high POEM experience. This statement is added and highlighted in the POEM section, page 17.

Reviewer comment #6: “I think all the figures is not required and you had better make some tables of the characteristics of children with achalasia.

Author response to comment #6: We believe for this review article which describes the operative steps in detail, the figures we have provided are valuable and useful to the reader and therefore the figures were not removed. If the reviewer/editor feels strongly that the figures are not necessary, we ask that they would be so kind as to recommend which figures are not necessary. We will then remove these recommended images.

In response to the reviewer's comments regarding a table of achalasia characteristics, Table 1 has been added which highlights common symptoms and associated conditions of achalasia in children. Table 1 is included on page 36.

Administrator Comments

Administrator comment #1: "You'd better offer us one paper with word format next (such as, .doc or .docx), which is easy to be edited and helpful to accept earlier. Thank you very much!"

Author response to comment #1: the revised manuscript has been uploaded as a .docx

Administrator comment #2: "Name of journal: World Journal of ESPS Manuscript NO: Manuscript type"

Author response to comment #2: this has been added to the first page of the manuscript and highlighted.

Administrator comment #3: "In order to attract readers to read your full-text article, we request that the author make an audio file describing your final core tip, it is necessary for final acceptance. Please refer to Instruction to authors on our website or attached Format for detailed information."

Author response to comment #3: the core tip audio file has been uploaded with the revision

Administrator comment #4: "Please provide all authors abbreviation names and manuscript title here. World J ** 2015; In press"

Author response to comment #4: this has been added after the core tip on page 4 and highlighted.

Administrator comment #5: “Abbreviations and acronyms are often defined the first time they are used within the main text and then used throughout the remainder of the manuscript. Please consider adhering to this convention. Search all abbreviations in your manuscript and do like this when they were used firstly.”

Author response to comment #5: all abbreviations are defined the first time they are used within the main text and then used throughout the remainder of the manuscript.

Administrator comment #6: “Please distinguish the title level, level I used all capital letters and bold, level II used Italic effect and bold, level III was just bold.”

Author response to comment #6: all title level, level I now uses all capital letters and bold, level II is now Italic and bold. There is no level III in our manuscript.

Administrator comment #7: “Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout.”

Author response to comment #7: all publications have PubMed citation numbers and DOI citation in the reference list. All authors are listed in the reference list.

Administrator comment #8: “Please provide the decomposable figure of Figures, whose parts are movable and can be edited. So please put the original picture as word or ppt or excel format so that I can edit them easily.”

Author response to comment #8: all images in the .docx revised manuscript are moveable. The original picture for each figure is now submitted as a separate .docx file as well.

Administrator comment #9: for the table “add the references numbers”

Author response to comment #8: a separate references column has now been added to the table and highlighted.