

## Format for ANSWERING REVIEWERS

July 15, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 19359-Review.doc).

**Title:** *Helicobacter pylori* and allergy: Update of research

**Author:** Ilva Daugule, Jelizaveta Zavoronkova, Daiga Santare

**Name of Journal:** *World Journal of Methodology*

**ESPS Manuscript NO:** 19359

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

**Reviewer 02445772**

*The background is very short, first sentence very long and hard to understand, there is no bridging to the topic of the paper.*

**The background(introduction) has been changed the following way.**

Although *Helicobacter pylori* (*H.pylori*) infection is supposed to be associated with gastric and duodenal ulcer, gastric adenocarcinoma, MALT lymphoma and even recognized as grade-1 carcinogen [1-4], only minority of infected patients will develop a serious disease. Moreover, some researchers even suggest possible preventive effect of *H.pylori* against several diseases like gastro-oesophageal reflux disease and Barret's adenocarcinoma, obesity, autoimmune diseases, allergy and others [5, 6].

The latest Maastricht consensus states that the evidence available shows no definite causative protective effect of *H.pylori* against asthma and atopy nor that its eradication causes or worsens them and further research is needed[7]. Thus, new data appear constantly about the possible role of bacterium in the development of allergic diseases. The present review summarizes research data about the association between *H.pylori* and allergic diseases.

*I suggest to summarize the literatures into tables. The association is still controversial because of conflicting data, including the experience from extremely low H. pylori prevalence populations for example the Malays. Data from this population negate the inverse relationship between H. pylori and childhood asthma. This should be discussed, and please include the following references; Raj S et al. J Infect Dis 2009; 199: 914-5 and Lee YY et al. Helicobacter 2013; 18: 338-46.*

- The literature has already been summarized into tables. Only some of the data is discussed in the manuscript.
- Data from low prevalence country Malaysia have been included.

Finally, in Malaysia low *H.pylori* prevalence goes together with low prevalence of wheezing among 6-7 and 13-14 years old children (5.4% and 5.7%, respectively) <sup>[49]</sup>, therefore scientists have concluded that *H.pylori* is only a marker for poor hygiene <sup>[50]</sup>. Although there is no study comparing the prevalence of *H.pylori* among patients with and without asthma in Malaysia, Rey et al consider that available data speak against the unique role for *H.pylori* infection as a protective factor against asthma <sup>[51]</sup>

3 References and typesetting were corrected

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

Sincerely yours,

Ilva Daugule,