

## Format for ANSWERING REVIEWERS

July 12, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (ESPS Manuscript NO: 19938).

**Title:** Typical and atypical symptoms of gastro esophageal reflux disease: Does *Helicobacter pylori* infection matter?

**Author:** Laurino Grossi, Antonio Francesco Ciccaglione, Leonardo Marzio

**Name of Journal:** *World Journal of Gastrointestinal Pharmacology and Therapeutics*

**ESPS Manuscript NO:** 19938

The manuscript has been improved according to the suggestions of reviewers and We highlighted the changes made to the manuscript according to the peer-reviewers' comments as requested;

### **Reply to Reviewer n. 503535**

1) The diagnosis of GERD was made according to De Meester criteria, i.e. number of reflux episodes and percentage of time with  $\text{pH} < 4$ . This analysis is usually reserved to distal reflux episodes. However, no difference was found among the different group of GERD patients (data have been added in the Results section). As specified in the Patients and Methods section, the pH probe used had a single recording channel with electrode placed in the distal esophagus; therefore, we cannot give direct information on proximal pH profile. Nevertheless, the difference of symptoms between *Hp*-positive and *Hp*-negative remains, in our opinion, the main innovative finding of our analysis.

2) Grade C and D esophagitis have been ruled out because of the potential interaction of

severe esophageal mucosal damage on symptoms pattern and even on motor pattern of the esophageal wall. Furthermore, patients with more severe esophagitis usually present fewer reflux symptoms (Reference n.20). Therefore, we cannot indicate whether the results could be similar to the ones obtained in less severe esophagitis. It is well known, however, that more advanced degrees of esophagitis are scarcely associated to H. pylori infection (as stated in the Discussion section), so we believe that the general sense of our findings remains unaffected.

3) Of course, our results might not be the same as those from patients living in other countries for many reasons (e.g. host genetic factors, agents, etc.). However, this aspect needs to be further investigated. A sentence regarding this point has been added in the Discussion section of the revised manuscript.

4) Abstract and Discussion have been shortened in the revised version of the manuscript.

#### **Reply to Reviewer n. 28194**

All suggestions have been considered. The Abstract has been shortened and the entire manuscript language has been evaluated by an English expert.

#### **Reply to Reviewer n. 9064**

This is not only a retrospective study. We recruited consecutive patients who were considered appropriate candidates for pH-metric recording; therefore, this was a prospective schedule. First, each patient underwent a C13 UBT to test H. pylori status, and then a retrospective analysis on the history of the infection has been performed. It remains difficult to obtain certain data on the background of H. pylori infection. This statement has been added in the Discussion section of the revised manuscript.

We kindly disagree with the assumption on predominant symptoms and the difficulty of their retrospective evaluation. Patients were directly interviewed by the authors involved (L.G and A.F.C.) and these data were not obtained retrospectively, but indicated to us from the patients the day of the exam.