

Answering Reviewers

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Distal Esophageal Spasm: Update on Diagnosis and Management in the Era of High-Resolution Manometry

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Dear Editor,

We thank you and the reviewers for the interest in our manuscript and for the constructive comments. We have revised our manuscript as requested by the reviewers.

Reviewer 1:

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1. Thank you for the opportunity to review the manuscript titled, Distal Esophageal Spasm: Update on Diagnosis and Management in the Era of High-Resolution Manometry.

1. Figure 1. it is recommended to replace the clearer one.

Response: thank you for your comments and suggestions. We have adjusted the brightness on Figure 1.

2. FLIP need more details to introduce.

Response: In regards to FLIP, we have presented a brief update on the utility of FLIP in DES and other motility disorders. We acknowledged that this is a new technology that requires more research to clarify its exact role in DES and other motility disorders.

Reviewer #2:

1. How was the histology (particularly muscle layer) of DES, there are some articles about

histology of DES, so it should be revealed.

Response: Thank you for your comment. We have added a section of histopathology to describe the few studies that reported on the histopathology of patients with DES.

Figure 2: The picture of DES seems not typical because it has peristalsis. So please show the picture of distal simultaneous contraction pattern.

Response: Thank you for your comment. Patients with DES have normal progression of peristalsis, albeit with a short distal latency as shown in the figure.

Reviewer 3:

A minireview of distal esophageal spasm: update on diagnosis and management in the era of high-resolution manometry. This manuscript is well written and preparation.

Response. Thank you for your comments.