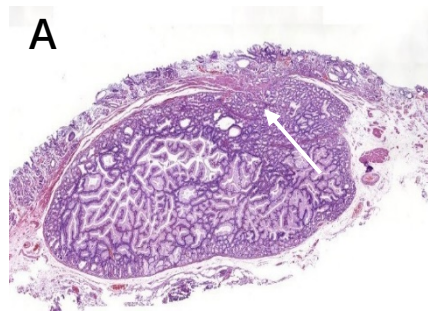


Answering reviewers:

1. In our case, we also took the biopsy of gastric body except the antrum. The pathological results indicated there was no *H. pylori* infection. Besides, we did not observe the endoscopic performance of *H. pylori* infection (diffuse redness of the mucosa, swollen folds, thick gastric juice and so on) in the whole stomach in this patient.
2. In this case, there was no any finding of autoimmune gastritis.
3. Considering the possible deeper depth of the SMT-like lesion, we did not obtain its biopsy. But biopsy specimen from the orifice of the SMT may contribute to diagnosis. Deeper biopsies using larger forceps or even EUS-guided fine needle aspiration (FNA) may improve the clinical diagnosis.

Figure2A is replaced to show the midline section including the orifice. It revealed that the lesion was located in the submucosal layer, showing a nodular appearance with clear boundaries and increasing number of glands in the lamina propria of the orifice (white arrow) (Figure 2A).



4. In addition, the modified part of the manuscript has been marked in red.