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To

Würzburg, 26.02.2021

Lian-Sheng Ma

Science Editor, Baishideng Publishing Group Inc

World Journal of Gastroenterology/ World Journal of Clinical Cases

Dear Dr. Ma,
Dear Dr. Kobayashi,

Thank you for giving us the opportunity to reply to your comments on our manuscript entitled "Successful management of therapy-refractory pseudoachalasia after Ivor Lewis esophagectomy by bypassing colonic pull-up: a case report".

We are grateful for your insightful comments and appreciate the time and effort that you have dedicated. We now addressed all comments in a point-by-point manner you please find below. All changes in the manuscript are highlighted in yellow. Furthermore, we changed the format of the manuscript as requested and provided all figures as original data files using PowerPoint.

Comments from Reviewer 1:

1. In the title, I would favor a different title. Because salvage operation includes the resection of the gastric conduit, esophageal bypass using colonic interposition procedure might be better.

Answer: We appreciate this comment. We revised the title and deleted the word "salvage". We feel that the term "bypassing the esophagus" is not entirely correct as we re-anastomosed the remaining esophagus with the colonic pull-up resulting in "bypassing" the gastric pull-up. We, however, feel that the term "bypassing colonic pull-up" reflects the new anatomic configuration well.

2. Was radiologic swallow examination of the esophagus performed before the operation?

Answer: A swallow examination was performed before the decision for reoperation was made. This conclusively revealed a persistent anastomotic stenosis with retention of contrast media despite stenting. Since a CT scan showed similar results and further excluded tumor recurrence we decided to report these findings in the manuscript only.

3. Gastric pyloroplasty or gastrojejunostomy were recommend, if DGE caused pseudoachalasia. Thus, logical reasons of the operation should be demonstrated.

Answer: We thank the reviewer for bringing up this very important point. We totally agree. However, a gastric pyloroplasty or gastrojejunostomy would not have addressed the problem of dysphagia due to the persistent anastomotic stenosis of the esophago-gastrostomy. Therefore, we decided to perform a colonic pull-up to solve the complex problem consisting of an anastomotic stenosis, hypomotility of the gastric conduit and the pylorospasm. We now added this point in the revised manuscript.

4. The author should demonstrate in detail in the figure. This surgical technique might be common for the esophageal surgeons but the general surgeons might be unacquainted with this surgery. Illustrations are required for well-understanding of the bypass using colonic pull-up

Answer: Thank you for this important advice. We now added the requested figure as "Figure 3".

5. In discussion, several sentences should be shortened. Its length is excessive given its scope. The alternative treatments should be summarized, because colonic pull-up was intensive operation.

Answer: We appreciate this comment. We shorten the "Discussion" accordingly.

Again, thank you for considering our work in *World Journal of Clinical Cases*.
If you require any further information, please do not hesitate to contact us.

Sincerely

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