ANSWERING REVIEWERS

January 2, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1019-review.doc).

Title: A case of phlegmonous gastritis after esophagectomy

Author: Junqiang Fan, Daren Liu, Chao Li, Gang Chen

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 1019

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

(1) What was the reason for the splenectomy?
A: The reason of the splenectomy has been added to the text: "He had a history of splenectomy 1 year and a half ago due to a splenic rupture after a traffic accident."

(2) What was exactly the type of operation performed due to eosophageal cancer?

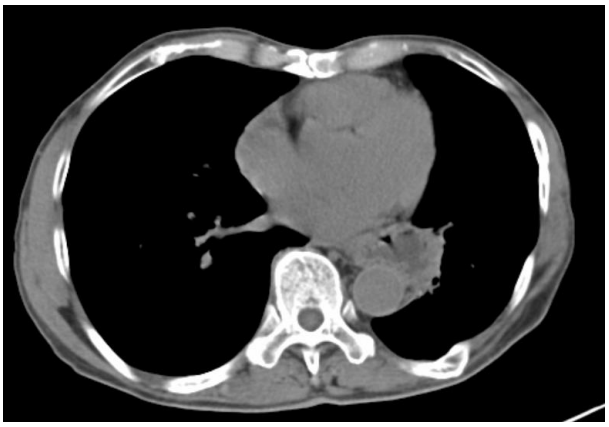
A: the type of operation has been added to the text: "Therefore, an exploratory thoracotomy was performed. During surgery, a 3 cm solid mass without well-defined borders was found in the lower esophageal. So, an esophagus resection followed by supra-arch esophagogastric anastomosis was performed."

(3) As just the culture of sputum revealed Staphylococcus Aureus, how the authors confirmed the presence of Phlegmonous gastritis?
A:Diagnosis of Phlegmonous gastritis of this patient included elevated body temperature, leukocyte (21.3×104) and neutrophil (90.4%); imaging data confirm; gastric mucosa was red–and-white, edematous and a large number of scattered erosions covered by a layer of purulent exudates revealed by gastrointestinal endoscopy; antibiotics effective.

Sentence "whereas the bacterial culture was negative for the gastric aspirate." Is added.

(4) Based on CT findings the possibility of an abscess should also be discussed. It seems that the patient had severe pulmonary complications leading to tracheal intubation because of respiratory failure.
A: it is discussed as "which indicated the serosa penetration sign or peri-serosa effusion is rarely seen and is mostly restricted in the gastric wall. In this case, the patient had a severe pulmonary complication of left lower lobe pneumonia with pleural and pericardial effusions, which suggested bacterial colonization in the gastric mucosa through sputum swallowing because of pulmonary infection."

(5) It would be better to provide more images and put arrows on the images to identify what is considered as local gastric wall thickening. In addition a tube is shown on fig. 2a. What is this tube and where is it located? It would also be important if the authors can provide follow up images.
A: Figure 2 is replaced.
The tube is a thoracic closed drainage tube.
Besides, we have the follow up image, but we didn't place it in the article.



CT scan: 1 month after hospital discharge.

3 References and typesetting were corrected

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

Sincerely yours,

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