

August 5, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12037-Edited.doc).

Title: Gastrojejunostomy for pyloric stenosis after acute gastric dilatation due to overeating

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Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the reviewers' suggestions:

1 The format has been updated

2 Revisions have been made according to the reviewers' suggestions.

(1) Response to Reviewer No. 2572474

We wish to express our appreciation to the Reviewer for his or her insightful comments, which have helped us significantly improve the paper.

Comment:

This is a rare condition. The proposed treatment minimizes the need for surgical therapy. You can discuss the post-emergency treatment. Surgical therapy may occur after the improvement of clinical conditions. The articles demonstrate high mortality rate when performing emergency surgery. The gastrojejunostomy is an interesting option in this situation. Not only understood, why wait 18 months to conduct gastrojejunostomy. What was the appearance of the gastric mucosa after 30 days? Why not performed after tissue repair?

Response: We thank the Reviewer for this pertinent comment.

In this case, we recommended surgical treatment for her several times. However, she rejected this option. Therefore, she was followed-up as an outpatient. As a result, she lost 14 kg from her original weight on admission. Finally, we performed a Roux-en-Y gastrojejunostomy with her consent.

We have therefore added the following text (p.5, lines 11-17):

While our patient was followed-up as an outpatient, her dietary intake gradually decreased. Although we recommended surgical treatment for her several times during the course of an outpatient, she rejected surgical treatment. Ultimately, she lost 14 kg from her original weight on admission. At present, her height and weight are 160 cm and 40 kg, respectively. However, because the UGI series and endoscopy revealed pyloric stenosis (Figures 2B and 3B), we performed Roux-en-Y gastrojejunostomy 18 months after the first admission, with her consent.

(2) Response to Reviewer No. 1569271

We wish to express our appreciation to the Reviewer for his or her insightful comments, which have helped us significantly improve the paper.

Comment:

The serial OGD and GI contrast series conclusively point to gastric dilatation induced ischemia as the cause of resultant pyloric stenosis in this case, although it would appear that a one time gastric dilatation should not be enough to cause ischemia severe enough to result in pyloric stenosis.

Response: We thank the Reviewer for this pertinent comment.

In this case, acute gastric dilatation occurred only once. However, the dilatation of the stomach was severe, and it took approximately a month to drain the gastric content completely. Therefore, delayed pyloric stenosis might have occurred.

We have therefore added the following text (p.6, lines 19-22):

In this case, acute gastric dilatation occurred only once. However, the dilatation of the stomach was severe, and it took approximately one month to drain the gastric contents completely. Therefore, delayed pyloric stenosis might have occurred.

(3) Response to Reviewer

We wish to express our appreciation to the Reviewer for his or her insightful comments, which have helped us significantly improve the paper.

For those references that have not been indexed by PubMed, I have submitted a printed copy of the full reference (Reference 1, 2, 3 and 4) .

The typesetting and 3 references have been corrected

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

Sincerely yours,

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