

Jan 31, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1246-review.doc).

**Title:** Long-term efficacy of endoscopic coagulation for different types of gastric vascular ectasia

**Author:** Yukinori Imai, Yoshie Mizuno, Kiyoko Yoshino, Kazuhiro Watanabe, Kayoko Sugawara, Daisuke Motoya, Masashi Oka, Satoshi Mochida

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 1246

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 reviewer. A point-by-point response to the critiques by the reviewer is as follows.

- (1) As mentioned by the reviewer, we added the description about the limitation of this study in DISCUSSION (P11, L14-15)
- (2) We changed the terminology for the 2 groups to localized vascular ectasia (LVE) and extensive vascular ectasia (EVE) according to the suggestion by the reviewer.
- (3) We did not regard re-appearance of <10 VE lesions as a recurrence in EVE group, because the numerous VE lesions were observed in patients with EVE before the initial endoscopic treatment. As a result, there were no cases showing re-bleeding in EVE patients with re-appearance of <10 VE lesions.
- (4) In this study, follow-up periods were longer for LVE than EVE. More patients died of causes other than gastrointestinal bleeding in EVE group compared with LVE group during follow-up.
- (5) We appreciate the comment of the reviewer. We think that LVE and EVE are completely separate illnesses. The etiology as well as clinical characteristics may be different between the 2 groups, and also between patients with and without chronic renal failure, as described in DISCUSSION (P11, L3-6).
- (6) The severity of the initial bleed on 1st presentation and outcomes after initial endoscopic treatment were as follows: On endoscopic examination, active bleeding from VE lesions was observed in 21 patients, and hemostasis was obtained in all

these patients after the endoscopic coagulation. VE lesions diminished after the procedures in all patients, including the subjects in which bleeding from VE lesions was not observed. As mentioned by the reviewer, we added the description regarding this issue in RESULTS (P7, L11-15).

(7) We added p-values to the Table 1.

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

Sincerely yours,

A handwritten signature in black ink, reading 'Yukinori Imai' in a cursive script.

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