

September 20, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12728-review.doc).

**Title: Benign esophageal lesions: Endoscopic and pathologic features**

**Author:** Shu-Jung Tsai, Ching-Chung Lin, Chen-Wang Chang, Chien-Yuan Hung, Tze-Yu Shieh, Horng-Yuan Wang, Shou-Chuan Shih, Ming-Jen Chen

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

**ESPS Manuscript NO:** 12728

**ID (00030598)**

On behalf of all authors, I appreciate the time and effort of the editors and reviewers in reviewing our work. 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. Although nearly 3,000 endoscopic studies were reviewed for the manuscript, it is unclear how many of these cases included benign esophageal lesions in total. Also for each specific lesion, it would be interesting to compare the study institution's incidences to those published in the literature.

Response: Thank you for your comments. We add description regarding the information about case number of each etiology on the text and compare the incidences to those published in the literature. **In all, 149 benign esophageal lesions in 2997 endoscopic examinations were retrospectively reviewed.**

2. It would also be helpful to have a further analysis of the study population and their characteristics, including sex, age, comorbidities, smoking and alcohol use, etc. in

order to generalize the data to other patients.

Response: We recognize the limitation of this retrospective study to including all their characteristics, including sex, age, comorbidities, smoking and alcohol use for analysis. We try our best to collect information about gender, age, location of lesion in esophagus and hope to provide clinical information.

3. It is noted that some benign esophageal lesions are missing from the review, including fibrovascular polyps, adenomas, schwannomas, lymphangiomas, and inlet patches.

Response: Thank you for your comments. There are some reasons why we do not include all above mentioned lesions in our review. Lymphangiomas were fewer than 15 reported cases in literature and almost all which of were diagnosed in children younger than two. Adenoma is potentially pre-malignant and it is considered as neoplasm, so we do not include it for benign lesion. Inlet patch is also referred to as heterotopic gastric mucosa of the upper esophagus and we included the heterotopic gastric mucosa in our review. We have less experience on fibrovascular polyps and schwannomas in our clinical practice.

4. Page 4, lines 12-14: Consider rewording this sentence as it is unclear. Are there two different ways to classify esophageal lesions, either by mucosal layer or endoscopic appearance?

Response: We add description in the paragraph: **Esophageal lesions can be classified in two different ways; histologically depending on the involved layer into epithelial or subepithelial lesions and the endoscopically depending on endoscopic features such as flat, raised, or cystic lesions.**

5. Page 4, lines 17-19: Consider rewording this sentence as it is unclear. There is poor transition and it contains a few grammatical errors.

Response: We add description in the paragraph: **We removed the esophageal epithelial lesions by biopsy or resected the subepithelial lesions by endoscopic mucosal resection or endoscopic submucosal dissection for histological analysis.**

6. Page 5, lines 17-18: Does this refer to findings found in the study regarding neutral

mucins in foveolar epithelium? Or is this a subset of HGM described in the literature?

Response: The statement is a subset of HGM described in the literature and textbooks. We rewrite the description in the paragraph “**The foveolar epithelium produces neutral mucins.**”

7. Page 11, lines 1-2: Consider rewording this sentence as it is unclear.

Response: We reword the sentence “**Granular cell tumors are the secondary common cause of non-epithelial tumors in the esophagus.**”

8. Page 14, lines 2-3: Consider rewording this sentence as it is unclear.

Response: We reword the sentence “**Benign esophageal lesions have less detection rate due to most patients with it are asymptomatic.**”

9. Page 3, line 15: Change “papilloma” to “papillomas”. Page 6, line 5: Change “showes” to “shows”. Change “aree” to “are”. Page 6, line 20 (and any other time “hyperplasia” used in manuscript): “Hyperplasia” should be changed to “hyperplastic”. Page 7, line 4: Change “included” to “include”. Page 8, line 7: Change it to “mucosal injury”. Page 10, line 18: Change “slight” to “slightly”. Page 14, line 13: Change “is” to “are”.

Response: All grammatical or wording errors were corrected according to the suggestions of review.

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

Sincerely yours,

Ming-Jen Chen, M.D.

Assistance professor

Division of Gastroenterology, Department of Internal Medicine

Mackay Memorial Hospital, Taipei, Taiwan

mingjen.ch@msa.hinet.net

Telephone: 886-2-25433535 ext. 3993

Fax: 886-2-25433642