

May 12, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17715-review.doc).

Title: Systematic review: Eosinophilic esophagitis in Asian countries

Author: Yoshikazu Kinoshita, Norihisa Ishimura, Naoki Oshima, Shunji Ishihara

Name of Journal: *World Journal of Gastroenterology*

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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) Reviewer 03262145 wrote "According to the search strings, the published literature included in this systematic review were basically from east, south-east and south asian countries. The authors are supposed to explain why central and western asian contries were not included in the search strings.

Response to the comments

Thank you for the suggestion. We included all the Asian countries in our search strings as clearly shown in the Materials and Methods section. However, it is true that there is no publications included in this study from central and western Asian countries. Therefore, we have added the following sentences to Results section (page 9) to further clarify it.

"We did not find any reports from other Asian countries, including central and western Asian countries."

- (2) Reviewer 03261357 wrote "Explain with more detail the endoscopic and histological diagnostic criteria found on the literature, especially in relation to the completion of biopsies in the proximal and distal esophagus, as it is recommended for greater diagnostic acuity by decreasing the possibility of a eosinophilia responsive to pump inhibitors proton."

Response to the comment

Thank you for the suggestion. According to the reviewer's suggestion we have added the following sentences in Results section on page 12 and 13.

"Shimura and co-workers investigated the sensitivity and the specificity of various endoscopic abnormalities in Asian patients and found that longitudinal furrows corresponded to the highest positive and negative predictive values^[27]."

"Eosinophile micro-abscess, fibrosis in the esophageal sub-epithelial layer, and infiltration of other immunocytes into the epithelial layer have been reported to be possible characteristic histological findings of EoE, although these histological abnormalities were notused for the diagnosis of EoE in the collected publications. Additionally, the sites of biopsy sampling were not clearly described in the collected publications, despite that the sampling site may affect the sensitivity and the

specificity of the histological diagnosis.”

- (3) Reviewer 03261357 wrote “What is your opinion about the absence of fixed stenosis in endoscopic evaluations and if this may be related to a different behavior of the disease in these populations, a fact suggested by low incidence of food impactions.”

Response to the comment

Thank you for the suggestion. According to the reviewer’s suggestion, we have included the following sentence on page 16 to show the possible reason of the rarity of fixed stenosis.

“However, in Asian patients, fixed concentric rings/stenosis were not frequently found, although transient concentric rings were reported^[12,19,27]. The rarity of the fixed concentric rings is reasonable given the observation that food impaction is a rare symptom reported by Asian patients with EoE. The low grade inflammation and the early stages of EoE disease at the time of diagnosis in Asian patients may be responsible for these differences in the clinical characteristics of EoE between Asian and Western patients.”

3 Typesetting were corrected

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

Sincerely yours,



Yoshikazu Kinoshita, MD, PhD
Professor and Chairman
Department of Gastroenterology and Hepatology
Shimane university School of Medicine
89-1, Enya, Izumo, Shimane, Japan

Fax: +853-20-2187

E-mail: kinosita@med.shimane-u.ac.jp