

RESPONSE LETTER & RESPONSES TO THE REVIEWERS' COMMENTS

Dr. Yuang Qi
Scientific Editor
World Journal of Clinical Cases (WJCC)

Dear Dr. Yuang Qi,

First of all, thank you very much for your recent e-mail (date 2015-10-15).

we wish to submit the revised version of our manuscript (ESPS Manuscript NO: **22360**) entitled "***Black esophagus syndrome associated with diabetic ketoacidosis.***" for consideration for publication in the *World Journal of Clinical Cases (WJCC)*.

All comments and questions raised by the three Reviewers have been addressed and incorporated into the revised version of the manuscript as outlined below. We believe that these constructive recommendations have further improved the quality of the manuscript. We also improved the English language and flow of the text. Attached with this letter is a detailed response to the reviewers' comments.

We thank you in advance for your careful review of our manuscript and we look forward to your review.

Sincerely,

Prof. Giovanni Targher on behalf of other Co-authors

AUTHORS RESPONSES TO THE REVIEWERS' COMMENTS

Reviewer 1

Minor revision:

The authors present a case report of a patient who develops acute esophageal necrosis as a complication of diabetic ketoacidosis.

The reviewer has minor grammar suggestions:

1. Case report, paragraph 1, line 5: These symptoms started...
2. Case report, paragraph 1, line 7: He had undergone previous excision of a superficial melanoma...
3. Case report, paragraph 6, line 4 = and an endoscopic esophageal dilation was successfully performed.

Please define whether biopsies were undertaken, either at baseline or with subsequent endoscopies. If so, what did they show? If not done, why not? If they had been done, what would histology have shown?

Author responses to points 1-3: Thank you for your helpful suggestions. We have improved the English language and provided more details on the esophageal dilation procedures and biopsies in the revised version of the manuscript.

Reviewer 2

Minor revision:

Interesting case report of a rare esophageal disorder.

It is well described, but the English language must be reviewed in many periods. As an example, in the conclusions: Interestingly, (and most importantly,) our case report also shows that AEN may occur in a middle-aged patient with DKA without (multiple) co-morbidities and (who does not have any) clinical signs of hematemesis, coffee ground emesis or melena.

Author response: Thank you for your suggestions. We have improved the English language and flow of the text accordingly.

Reviewer 3

Major revision:

Dear Authors, This was an interesting case report of a rare disorder. This disease is underrecognized and agree that there needs to be increased attention to the presence of this disorder.

Comments

#1 Not clear from the text why the initial EGD was performed

#2 Can you provide more details of the EGDs, extent of superficial necrosis in length, location of GEJ, any Barretts or other concomitant lesions?

#3 Can you provide some details on the dilation? Dilated by which means? to what size? And any further symptomatic follow-up following dilation?

#4 Probably don't need to include as much detail on the normal lab and imaging studies in the case description.

Author responses to points 1-4: Thank you for your helpful suggestions. We have clarified the reasons for the initial EGD examination and provided more details on both the esophageal extension of necrosis and the esophageal dilation procedures and biopsies in the revised version of the manuscript. Moreover, we have also removed some details on normal laboratory data.