BAISHIDENG PUBLISHING GROUP INC
8226 Regency Drive, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242 Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com http://www.wjgnet.com

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 27176

Manuscript Type: Therapeutic Advances

Dear reviewer 1:

Thank you for your detailed analysis of this paper. 1. The grammar changes made throughout the manuscript have been carefully incorporated into the revised manuscript. 2. The word excellent has been replaced by acceptable and reasonable. 3. One of the surviving patients has mild dumping symptoms which have been managed by dietary advice. This has been added to the manuscript. 4. The stomach conduit is based on the right gastroepiploic vessels lying along the greater curvature hence greater curvature cannot be sacrificed in this technique. The lesser curvature can be sacrificed. However in these particular cases it was not done on safer side to preserve the venous drainage of the conduit as the pathology was benign.

Dear Reviewer 2:

Thank you for your detailed and careful review.

1. The two other cases were done in similar fashion without any significant change so we think the description of these cases would be mere repetition and redundant. The text however has been carefully amended to reflect salient points of other two cases.
2. One patient who died on 12th postoperative day due to acinobacter positive hospital acquired pneumonia did not exhibit any evidence to suggest anastomotic leakage, mediastinitis, stenosis or motility disorder. That was straight forward case of resistant strain of acinobacter positive hospital acquired pneumonia. This has been further clarified in the revised manuscript.

3. None of the patient had inflammatory bowel disease but it could be an important hypothetically difficult situation encountered in the western world. This procedure may act as a salvage procedure in these difficult circumstances.
4. Table 1 is mere review of three cases and we are yet not in position to give exact frequencies and percentages. This is what we potentially expect in future in terms of success of this technique. A randomized controlled trial would be required to answer these questions. Unfortunately such patients with concomitant esophageal and gastric stenosis but having available stomach for reconstruction are very few in number and thus difficult to enroll.

Dear Reviewer 3:

Thank you for your support and careful review. We believe that this technique can be quite useful and merits further investigation.