

April 24, 2013

Dear Editor

World Journal of Gastroenterology

The comments of the two reviewers have been helpful in allowing us to revise our manuscript. We have attempted to address the questions raised by the referees according to the following:

ESPS Manuscript NO: 2909

Title: A white opaque substance (WOS)-positive gastric hyperplastic polyp with dysplasia

Points/Contents of the Revision and Responses to the Reviewers' Suggestions

<Points/Contents of the Revision>

(INTRODUCTION)

1. P.4 2-5: Made additions to and made changes in information on gastric HPs.

(CASE REPORT)

2. P.4 6-7: Added information on PPI therapy.

3. P.4 7-8: Added results regarding H. pylori infection.

4. P.7 12: Added the full name of LD (lipid droplets).

5. P.7 22-P.8 1: Added an explanation of the reddish area of this lesion.

6. P.8 17-23: Speculated on the reason for the discrepancy in the pathological diagnosis between the biopsy specimen and resected specimen.

<Responses to the Reviewers' Suggestions>

Reviewer #1 (02451447):

Q1. I would like to suggest improvement in English language.

A1. The attached paper titled "A white opaque substance (WOS)-positive gastric hyperplastic polyp with dysplasia" has been edited by American Journal Experts.

Q2. The authors mentioned in the 1st sentence of the INTRODUCTION that HP is the most common polyp in stomach. Actually in old literature, HP is the most common one. But in recent literature, fundic gland polyp becomes to the most common polyp in stomach due to the broad use of PPI. Please check literature and make change accordingly.

A2. We added information and made changes in the information on gastric HPs as follows:

With the widespread use of digestive endoscopy in recent years, gastric polyps are now diagnosed more frequently and can be easily studied after a biopsy or polypectomy. Gastric hyperplastic polyps (HPs) are among the most common type of benign epithelial gastric polyps^[1-6]. Gastric HPs are usually considered to be benign lesions similar to adenomas; however, neoplastic transformation can occur but rarely.

Q3. Many gastric HPs are associated H. Pylori, any histology evidence for it in this patient? Though antibody test is negative.

A3. We added: An assessment of IgG antibodies and a histological examination were negative for *H. pylori* infection.

Q4. What pathological changes in the adjacent gastric mucosa? Gastritis?

A4. We could not evaluate the surrounding mucosa of this lesion pathologically using the updated Sydney System because we resected only the polyp.

Q5. Biopsy showed no dysplasia, but polypectomy showed diffuse dysplasia, any explanation?

A5. We added the following explanation of the possible reason for the discrepancy in the pathological diagnosis between the biopsy specimen and resected specimen.

Regarding this discrepancy, we speculate that when the biopsy specimen was collected, a small sample was unintentionally taken from the part of the lesion that did not exhibit dysplasia. Using the biopsy specimen that was obtained, we could not clearly determine whether the lesion was a typical HP or an HP with low-grade dysplasia.

Q6. In the discussion, the authors used several times of “LD”, but no full name of LD was given in the text. Does it mean “lipid droplets”?

A6. We provided the full term, “lipid droplets”, followed by the abbreviation.

Q7. Endoscopically the polyp showed mixed reddish and whitish pattern, and the pathology showed diffuse surface dysplasia. So why the reddish areas also showed dysplasia?

A7. We explained this as follows: In our case, most of the reddish area indicated low-grade dysplasia. Endoscopically, we determined that these areas were reddish because a slight accumulation of LDs may not allow these areas to be visualized as a WOS.

Q8. In figure 1 legends, there is mislabeling in figure B.

A8. A-D is the correct number.

A9. Do the authors with experience in gastric HP without dysplasia? WOS?

Q9. We have experienced no WOS-positive gastric HP without dysplasia. This is the first case of WOS-positive gastric HP in our hospital.

Reviewer#2 (00503405):

Q1. First sentence in Introduction needs a reference.

A1. We added references and made changes in the information on gastric HPs.

Q2. Was the patient under PPI therapy?

A2. No. We added the following: She had not undergone proton pump inhibitor therapy.

Q3. Was *H. pylori* negativity confirmed by histological examination, as well?

A3. We added the following: An assessment of IgG antibodies and a histological examination were negative for *H. pylori* infection.

Q4. The images are excellent of quality, but arrows may help the identification of the endoscopic and histological alterations for the readers.

A4. Thank you for this suggestion. We added arrows in these figures.

Q5. Minor language editing may be useful.

A5. The attached paper titled "A white opaque substance (WOS)-positive gastric hyperplastic polyp with dysplasia" has been edited by American Journal Experts.

The detailed review of this manuscript is appreciated and we have attempted to answer each of the questions raised.

Thank you for your consideration of the revised version.

Sincerely,

Hiroya Ueyama, M.D., Ph.D.

Assistant Professor

Department of Gastroenterology

Juntendo University School of Medicine

2-1-1 Hongo, Bunkyo-Ku Tokyo Japan

113-8421

Phone: +81-3-3813-3111

FAX: +81-3-3813-8862

email: psyro@juntendo.ac.jp