

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript NO: 34211

Manuscript type: Case Report

## **Cap polyposis refractory to *Helicobacter pylori* eradication treated with endoscopic submucosal dissection**

### **Our responses to comments raised by the Reviewer**

We have made our best efforts to revise our manuscripts according to the comments raised by you and reviewer.

### **Comments**

#### **1. Title must not be more than 12 words.**

##### **Response:**

According to your suggestion, title of our case report changed in “Cap polyposis refractory to *Helicobacter pylori* eradication treated with endoscopic submucosal dissection”.

#### **2. Abstract should be less than 150 words.**

##### **Response:**

Thank you for your comment. We revised Abstract within 150 words, as below:

Cap polyposis is a rare intestinal disorder. Characteristic endoscopic findings are multiple inflammatory polypoid lesions covered by caps of fibrous purulent exudate. Although a specific treatment has not been established, some studies have suggested that eradication therapy for *Helicobacter pylori* is effective. We report a case of a 20-year-old man with cap polyposis presenting with hematochezia. Colonoscopy showed the erythematous polyps with white caps from the sigmoid colon to rectum. Histopathological findings revealed elongated, tortuous, branched crypts lined by hyperplastic epithelium with a mild degree of fibromusculosis in the lamina propria. Although *H. pylori* eradication was instituted, there was no improvement over six months. We then performed *en bloc* excision of the polyps by endoscopic submucosal dissection (ESD), which resulted in complete resolution of symptoms. ESD may be a treatment option for cap polyposis refractory to conservative treatments. We review the literature concerning treatment for cap polyposis and clinical outcomes.

#### **3. References need to be prepared in accordance with journal guideline.**

##### **Response:**

We revised references in accordance with journal guideline.

4. Abbreviations section was not stated.

**Response:**

We deleted abbreviations section in revised version.