

ESPS Manuscript NO: 40006

Title: Large heterotopic gastric mucosa and a concomitant diverticulum in the rectum: Clinical experience and endoscopic management

Journal: World Journal of Gastroenterology

Dear editor and reviewers:

We hereby like to thank you and the reviewers for your thoughtful critique of our manuscript entitled 'Large heterotopic gastric mucosa and a concomitant diverticulum in the rectum: Clinical experience and endoscopic management. We are grateful for your decision to allow a resubmission of a revised manuscript and the opportunity to respond to the reviewers' comments.

Reviewer #1

Reviewer's code: 02440850

COMMENTS TO AUTHORS

I think it is a very precious lesion and the author's consideration has been well organized.

Answering Reviewers:

Thank you for the thoughtful, comprehensive review of the manuscript

Reviewer #2

Reviewer's code: 3476437

COMMENTS TO AUTHORS

This manuscript is the interesting case report. Symptomatic heterotopic gastric mucosa of the rectum is very rare, and you resected by endoscopic submucosal dissection procedure and treated hematochezia. The manuscript is generally good.

Minor comments 1: P5 "Other laboratory examinations were normal." I have

a comment for the sentence. Is there any anemia? If you check the serum iron or ferritin level, please show us. And is there history of blood transfusion?

Answering Reviewers: No anemia was found in the blood routine examination, the hemoglobin was 116g/l(normal range 113-151g/l)which maybe ascribe to the repeated little bleeding. The ferritin level was normal (40.8, normal range 7-323), there is no history of blood transfusion.

2: P6 "Finally, the lesion was resected without bleeding, perforation or other adverse events." It think it is necessary to describe the outcome after the procedure. For example, No hematochezia was seen after resection. No residual lesion was seen 6 month after ESD. Etc.

Answering Reviewers:

Sorry, we have not reexamined the colonoscopy, because it was only 4 month after ESD.In our telephone follow-up, no hematochezia was seen after resection

3: P6 "which was not in accordance with the results of NBI. This may have been due to less focal tissue of pyloric-type gastric mucosa in comparison with fundic-type gastric mucosa in the piecemeal resected lesion, the sampling or cutting site of the histological biopsy." I think this part should be described in discussion.

Answering Reviewers:

Thanks for your suggestion, we have added this part to discussion.

4: P8 "NBI and NBI-magnifying endoscopy are useful tools for the diagnosis of HGM and can differentiate gastric-type glands from the intestinal mucosa. To our knowledge, this case is also the first report of the use of NBI in HGM of the rectum. NBI clearly showed gastric fundic-type and pyloric-type mucosa lining the rectum and helped us to make a definitive diagnosis." The author emphasized the first case report of rectal HGM that was observed by

magnified NBI. I think that you need more explanation in this part. Please make an additional explanation such as how the finding is the characteristic of the fundic mucosa type.

Answering Reviewers:

Thanks for your review. By means of NBI-magnifying endoscopy examination, it could visualize the microsurface and microvascular architecture immediately. Usually the microvascular patterns of fundic-type mucosa were honey comb (uniformly arranged honey comb like appearance) and the microsurface patterns were small round (uniformly arranged small round pits). The microvascular of pyloric-type mucosa maybe like visible coiled and the microsurface look like polygon. We had added this to the part of case report.

5: P10 "A hemostatic clamp was helpful in treating the remnants of vessels. " I think it does not need this sentence, you have already described in the case report.

Answering Reviewers:

Thank you for the considerate review, we have deleted this sentence in the discussion.