

Rebuttal letter 2 (12/30/2018)

Dear Editor-in-Chief,

Thank you very much for your recent feedback and thorough reviews.

We uploaded high definition jpeg figures as requested. We changed references according to your last email.

Below , you find rebuttal letter 1:

Reviewer 1 states that our manuscript should be accepted. Reviewer 2 suggests some major revisions that we were all able to address in R1. Reviewer 3 suggests minor revisions that we also addressed completely.

We would like to answer your comments, and describe other changes to the previous version of our manuscript. All changes to the manuscript were done using MS Word "track changes".

--

Reviewer 1:

They proved that patients with GERD and overlapping symptoms due to somatoform disorders should not be withhold from laparoscopic antireflux surgery in general, if their GERD is proven by objective assessment.

--

Reply to reviewer 1: We would like to thank you for suggesting no changes and accepting our manuscript.

--

Reviewer 2:

Fuchs et al. present a prospective series of GERD patients either operated or not that were evaluated for somatoform behavior to show worse quality of life before and after operation for the group positive for somatoform behavior. The manuscript is well-written and interesting. I just got lost in the statistics. The authors stated that quality of life was different when pre and posttreatment are compared. I am not sure if the "p<0.001" refers to that. How about somatoform + and -, is there a difference? And medication x surgery? And medication

somatoform + versus -? This analysis could help managing these patients. Just looking at the number, laparoscopic fundoplication is not much better than medication in this population. Minor comments: There are some typos (including coma for decimals). The index should read somatoform index not somatom.

--

Reply to reviewer 2:

We have added in the text the evaluation of the patients in group B with and without somatoform disorders.

We have corrected the typing error.

We have clarified the statistical comparisons by adding in the text and especially in the legends of the figures the statistical results, which will explain the comparisons more clearly.

--

Reviewer 3: The main finding of this study was that the GERD patients with somatoform disorders have worse level of QOL but can benefit from antireflux surgery. The only patient characteristics mentioned in this study are SSI. More specific patient characteristics are needed to present. Those should include type of GERD symptom, response to medication, duration of symptom, test result of diagnostic work up, and so on. The results of the treatment were evaluated only by GIQLI. It would be better to show how the GERD symptoms improved with surgical and medical treatment.

--

Reply to Reviewer 3:

We have added in the result section under “characteristics of patients” more information regarding symptoms and results of endoscopy and functional investigations.

Regarding the comment to provide rather symptomatic data than Quality of life data in the results, we would like to comment that the GIQLI contains a major part of symptom evaluation, which means that the results of the GIQLI also reflect symptomatic outcome. All patients with elevated GIQLI postoperatively also had symptomatic improvement.

--

We would like to thank you in advance for considering our manuscript for publication with the included changes.

Please address all correspondence to:

Hans F. Fuchs MD

Assistant Professor of Surgery

University of Cologne

Department of General Surgery

Kerpener Str. 62

50937 Köln/Germany

T +49 221 478 4801 F +49 221 478 4843

hans.fuchs@uk-koeln.de