

November 15, 2012

Dear Editor of WJGE

I, along with my co-authors, would like to ask you to consider the attached manuscript in the revised version entitled “Novel serine/threonine kinase 11 gene mutations in Japanese Peutz-Jeghers syndrome patients and endoscopic diagnosis and treatment for gastrointestinal polyps” as an original article. We responded point-by-point to the reviewer’s comments. In this revised manuscript, we believe that this report with review of literatures is relevant to the scope of your journal and will be of interest to its readership. We hope that the reviewers find the manuscript acceptable for publication. We appreciate your review of this manuscript.

Sincerely yours,

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Response to reviewer's comments

Did you resect all detected polyps? I have an impression with a little number of polyps if you resect all detected polyps.

We did not resect all detected polyps. When small-bowel polyps were more than 10 mm in size in PJS patients, we performed endoscopic resection using double balloon endoscopy. We resected a total of 79 small-bowel polyps with a mean number of resected polyps per patient of 13.2, (range 1 to 31). A total of 115 colorectal polyps with 5-15 mm in size were resected using colonoscopy with the mean number of resected polyps per patient calculated to be 19.2.

The NBI classification that Kanao et al. propose is the lesion of hyperplastic polyp, adenoma, and cancer, is not hamartoma. The hamartoma thinks that it presents different NBI findings. In addition, the NBI classification of the stomach and colorectal lesions is different. Do you think that you may treat it together? I think that you should describe it with the classification-like findings of Kanao et al.

The unique Peutz-Jehgers syndrome (PJS) polyp pathology is best appreciated in the larger PJS small intestine polyps, but the other polyps do not have specific gastrointestinal endoscopic features. They can be similar to hyperplastic polyps. In a recent clinico-pathological research paper (Am J Surg Pathol 2010; 34: 1656), Lam-Himlin et al. investigated the histologic features of gastric polyps in patients with established PJS to develop improved histologic criteria to distinguish these from gastric hyperplastic polyps. Histologic features to distinguish gastric PJS from gastric hyperplastic polyps were unreliable. There has been no available NBI classification for gastric non-neoplastic polyps including hamartomatous and hyperplastic polyps, and we employed Kanao's classification, as this classification employed both epithelial architectural features and microvascular changes. We described these issues in the revised version.