ANSWERING REVIEWERS

Dec 26, 2013

Dear Editor,

Enclosed, please find the edited manuscript in Word format (file name: 6462-review.doc).

Title: Acute phlegmonous gastritis complicated by delayed perforation

Authors: Sun Young Min, Yong Ho Kim, Won Seo Park

Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved as follows, according to the reviewers' suggestions:
1 The format has been updated.

2 Revisions have been performed according to the reviewers' suggestions.
Reviewer 00058448 asked Questions 1-6; thank you for your kind and detailed review.

(1) Q: What kind of the pill the patient took?
A: She was prescribed an H2 blocker at the other hospitals. This information was added to the case report.

(2) Q: What is the preoperative diagnosis of her gastric distension?
A: Our preoperative diagnosis was diffuse peritonitis with septic shock, but we could not exclude bowel perforation, including gastric perforation. We suspected a possible hidden perforation. We also suspected that the gastric distension was caused by severe inflammation resulting from a sealed perforation.
Q: Why diagnostic endoscopy not performed before surgery?
A: Because the patient's clinical condition was emergent, we did not perform further evaluations.

The following descriptions were added to the manuscript:

(3) Q: Describe "high dose epinephrine…"
A: We administered cardiac doses of epinephrine and norepinephrine because of the septic shock.
Q: Does the patient receive proton pump inhibitor?
A: Yes. We prescribed a PPI and an H2 blocker during the patient's hospital stay.

(4) Q: Describe "suspicious of focal wall disruption"
A: The CT scan revealed a focal, non-enhanced mucosal lesion (Fig. 2). This lesion suggested possible wall disruption. However, there was no definitive free air.
Q: Is there a role of UGI series or early EGD while CT finding suspicious gastric wall disruption?
A: The patient had a JP drain on the operative site. Although she consumed a liquid diet, the drained fluid was clear. Thus, we did not perform the UGI series or an early EGD. Nonetheless, we agree that a UGI series and early EGD may be helpful for early diagnosis.

(5) Q: Why CT findings got improved but the patient still received surgery? Is there evidence of free perforation before surgery? Is the finding of perforation at surgery consistent with prior CT finding on POD 9
A: As mentioned in the text, the patient's condition did not recover. Furthermore, her EGD findings worsened. Therefore, we decided to perform a second operation, although no evidence

of free perforation was found.
As mentioned, gastrectomy revealed a perforation site covered by thin fibrotic tissue. This perforation site was consistent with prior CT findings. This description was added.

(6) Q: How about the nutritional status following the 1st surgery?
A: We provided both a liquid diet, and parenteral nutrition and regular nutritional status assessments were performed; therefore, the patient's nutritional status was well maintained. This information was added to the report.

Reviewer 00041936 : In conclusion section the authors should add a sentence which technique can be more feasible for diagnosis
A: Thank you. We have added this information.

3 The references and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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