Dear Editor,

Thank you for carefully reviewing our manuscript previously titled “An unusual case of sporadic gastrinoma with refractory benign esophageal stricture” for possible publication in the World Journal of Clinical cases. We are grateful to you and your reviewers for their constructive critiques. We have revised the manuscript, highlighting our revisions in yellow, and have attached point-by-point responses detailing how we have revised the manuscript in response to the reviewers' comments below.

Reviewer 1:

1. English language and grammar need improvement. Overall, the manuscript needs brevity and trimming. Perhaps help from an English expert is needed.

Reply: According to the opinions of the review experts, the manuscript has undergone professional English editing and simplification.

2. Objectives of reporting the case need clarity.

Reply: This case report aims to improve awareness and facilitate early diagnosis and treatment of gastrinoma by presenting a rare case of gastrinoma with refractory benign esophageal stricture. Additionally, it highlights the inherent challenges and risks associated with endoscopic incisional therapy in patients with complete esophageal strictures.

3. Why such a radical surgical procedure rather than a simple procedure e.g., enucleation pylous preserving pancreatectomy in a young person? Authors may like to highlight the oesophageal problem.

Reply: The patients showed a mass of approximately 2.6 * 3.2 cm at the head of the pancreas. According to the consensus of Chinese experts in pancreatic neuroendocrine tumors, radical pancreatic resection surgery should be performed for pancreatic neuroendocrine tumors with a diameter greater than 2 cm, regardless of their functionality. For neuroendocrine tumors in the head of the pancreas, it is recommended to undergo pancreaticoduodenectomy. Therefore, our team opted for pancreaticoduodenectomy.

4. Too many references for a case report. Authors may want to limit these to 7-10

Reply: According to the opinions of the review experts, we have reduced the number of references to 8.

5. Too many photographs! Authors may want to put representative MRI, Endoscopy, and histology in one frame to save precious journal space.

Reply: In accordance with the opinions of the reviewing experts, we have compiled the images, totaling two main figures.

Reviewer 2

1. Did you follow up on the patient making sure that she was taking PPI while she developed the stricture?

Reply: During the 2-year follow-up period, the patient intermittently took proton pump inhibitors orally, but there was still no significant improvement in esophageal stricture. Therefore, endoscopic treatment for esophageal stricture was chosen.

2. When the patient failed to respond to previous EIT treatments did you consider changing treatment ie to stent for example?

Reply: The patient was diagnosed with refractory benign esophageal stricture due to the difficulty of maintaining a satisfactory luminal diameter despite five sessions of endoscopic bougie dilations. Refractory benign esophageal stricture is not only challenging to dilate but also tends to recur within a few weeks. Stent therapy has suboptimal expected outcomes. Therefore, endoscopic incisional therapy was chosen.

3. Were biopsies taken from the esophagus to exclude cancer in the stricture?

Reply: Following the patient's initial admission, gastroscopy revealed severe reflux esophagitis with esophageal stricture, and pathology did not show malignant changes. Therefore, the esophageal stricture was considered to result from long-term high gastric acid secretion caused by gastrinoma.

4. Were blood samples taken postoperatively to exclude persisting elevated gastrin levels which could be due to generalized disease?

Reply: After discontinuing somatostatin postoperatively, the patient's diarrhea completely disappeared, and the serum gastrin levels returned to normal. Furthermore, during the follow-up period, a reexamination of abdominal CT did not reveal any signs of recurrence. Therefore, it was not considered a systemic disease due to the sustained elevation of gastrin levels.

Thank you for your consideration and further review of our manuscript. Please do not hesitate to contact us with any further questions or recommendations.

Yours Sincerely,

*Corresponding author
Xiaochang Liu
Email: liuchenxiaochang@163.com
Tel: +86-13866743707