

ANSWERING REVIEWERS

Dear Editor,



Title: Prevalence, histological and clinical characteristics of heterotopic gastric mucosa in Chinese patients

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The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer:

Question 1: HMGPE is generally asymptomatic. It is not known how many of the patients have esophageal or laryngeal symptoms in this study?

Response: The total number of HGM patients was 420. The number of HGM patients suffering from esophageal or laryngeal symptoms was 289. Approximately 68% of HGM patients were exposed by esophageal or laryngeal symptoms (e.g. Heartburn and regurgitation, discomfort of throat, dysphagia, retrosternal pain, epigastric discomfort).

Question 2: HMGPE may be connected with disorders of the upper gastrointestinal tract, exacerbated by *Helicobacter pylori*. Furthermore, it may be the origin of malignant progression to cervical esophageal carcinoma. It is important to state whether dysplasia, intestinal metaplasia and chronic inflammation exists in *H. pylori* positive HMG patch.

Response: None of *H.pylori* positive HGM patients were related to dysplasia (0/42) and intestinal metaplasia (0/42). Approximately 47.6% (20/42) of *H.pylori* positive HGM were exposed by chronic inflammation.

Question 3: Association with Barrett's esophagus is another area that remains debated. I recommend clarifying the prevalence of GERD and Barrett's esophagus in patients with HMGPE.

Response: Approximately 47.6% (20/42) of *H.Pylori* positive HGM patients were exposed by chronic inflammation. We also indicated that 11.2% (47/420) of patients with HGM were suffered from gastroesophageal reflux disease, while 0.47% (2/420) of patients with HGM were suffered from Barrett's esophagus.

3 References and typesetting were corrected

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