

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 31641

**Manuscript Type:** CASE REPORT

**Title:** Russell body gastritis with Dutcher bodies evaluated using magnification endoscopy

**Running title:** Russell body gastritis mimicking malignant tumor

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#### Answering reviewers

Reviewer 1 (Review time: 2017-01-06 03:16):

Excellent case report article. High quality images of endoscopic findings and histopathologic features. Adequate discussion and literature review. Fluent English text.

Thank you very much.

Reviewer 2 (Review time: 2017-01-20 10:55):

Yorita et al. presented a rare case of Russell body gastritis, which was performed biopsy and subsequent endoscopic submucosal dissection (ESD). The manuscript is interesting, but could be improved with clarification of the following points:

1. *Helicobacter pylori* (*H. pylori*) status was evaluated with serum antibody test. It, however, indicates just a history of the *H. pylori* infection. To clarify the current *H. pylori* status and the severity of the bacterial infection, please show the *H. pylori* status with biopsy and/or ESD specimen.

Thank you for pointing out the *H. Pylori* status. We found Spiral-shaped bacilli suggesting *H. Pylori* in the biopsy specimens, and the finding was included in the CASE REPORT section.

2. The authors showed the endoscopic examination before eradication at the initial diagnosis in Fig. 1. Please show the endoscopic view after eradication to reveal how the lesion had been changed.

Thank you very much for your suggestion. We added two photos (Figure 1E and 1F) of the endoscopic view after eradication in Figure 1. Endoscopic findings with M-NBI before and after the eradication were similar except for the size. The endoscopic findings after the eradication have been added to the CASE REPORT section.

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3. In the Fig. 2, it is not clear which photos are from biopsy and which were from ESD samples. Please show the hematoxylin-eosin stained entire histology from ESD as well.

Thank you very much for your suggestion. In the Figure 2 legend, we clarified which photos are from the biopsy and which are from the ESD sample. We added low and high magnification photos (Figure 2E and 2F) of the lesion taken from ESD specimens.

4. For the “Present case” in Table 1, the explanation for the follow-up is not sufficient.

Thank you very much for pointing this out. We added the follow-up data of our case to Table 1.

Reviewer 3 (Review time: 2017-01-22 17:57):

This paper reports a case of Russell body gastritis with Dutcher bodies evaluated using magnification endoscopy.

However, This is not the first case of RBG evaluated by M-NBI and pathological evaluation of the lesion. Nishimura et al has already reported one in ACG Case Rep J. 2016 Aug 3;3(4):e96, which impairs the clinical significance of this case report.

Thank you very much for telling us about this report. We added this reference and corrected the relevant portions of the manuscript.

Besides, the manuscript needs to be revised further. My suggestions are as follows.

Comments: 1. There are too many grammatical errors in the manuscript needed to be taken care. For example, in the abstract, “the reason for” and “is due to” are duplicate. In the last sentence, using “but which...” is wrong definitely.

Thank you very much for your suggestion. I am not native, so the manuscript has been checked by a native speaker. Certificate of English editing against the revised manuscript is obtained from the Editage.

2. please add a scale bar in Figure 2C and 2D.

Thank you very much for your suggestion. We added the scale bars in Figure 2C and 2D.

3. please add the machine model of M-NBI and the producer of the antibodies CD79a, multiple myeloma oncogene 1 and so on.

Thank you very much for your suggestion. We added the information of the machine model of M-NBI and the producer of the antibodies.

4. The second paragraph from bottom in the discussion part is too lengthy, please modify it to be more concise.

Thank you very much for your suggestion. We think that the paragraph you mentioned in the discussion part is very important. The paragraph has many sentences in order to clarify whether Russell body gastritis with monoclonal Mott cells is reactive or not. We modified this paragraph to be more concise, but we were limited in the amount of information we could remove and still explain the issue adequately.