

Dear Reviewer (WJGE).

Thank you very much for your valuable comment regarding my manuscript 2809, WGJE, also your recommendation for Priority Publication, it gives us honor, and then we did what you asked us to do.

Accordingly we added explaining paragraphs to differentiate, in a narrow scope (as You asked) between N-butyl-Cyano-Acrylate and Iso Amyl cyano-Acrylate,

There are many inorganic- chemical differences in the Biochemical-Structures related-Chemoembolization characterization differences, but ,we think it is not the Opportunity (Not suitable) to explain such Biochemical structures differences in Such an Clinical Endoscopy Journal.

Also we made some changes to our language to be in more Excellent Structured-Formatting-Organization.

This is Your Inquiry

Thank you for your paper. I would like to know more about what makes AMCRYLATE different from n-butyl-2-cyanoacrylate? What makes it different? How are they used different? I would just like a little bit more information on that.

Here is Our Answer accordingly;

The use of isoamyl-2-cyanoacrylate (AMCRYLATE®) could be an effective treatment for gastric Dieulafoy's lesions because the viscosity and adhesive problems that can occur with *n*-butyl-2-cyanoacrylate are significantly reduced by use of isoamyl-2-cyanoacrylate (AMCRYLATE®). We expect fewer complications with almost identical results. Another advantage is that AMCRYLATE® is significantly more cost-effective than *n*-butyl-2-cyanoacrylate, especially when large amounts are required.

According to our experience, it is convenient to use isoamyl-2-cyanoacrylate as effective endoscopic management for gastric varices. The use of isoamyl-2-cyanoacrylate significantly reduced post endoscopic ulceration compared to *n*-butyl-2-cyanoacrylate.

Thank you very much for your reviewing our manuscript WJGE No: 2809.