September 11, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13007-review.doc).

Title: A case of Gastritis cystica profunda developed in a previously unoperated stomach

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13007

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
   (1) GCP is characterized by hyperplastic and cystic down growth of gastric glands into the submucosa. Thus, it was not difficult to distinguish between GCP and heterotopic gastric glands in submucosal. The etiology and pathogenesis of GCP are not very clear. Some researchers suggest that mucosal injury caused by surgery or the suture technique itself may be an important cause, because GCP is usually developed in operated stomach. However, some GCP were observed in unoperated stomach, suggesting that there are other causes as well.
   (2) We added arrows in Fig1 and 3. According to the imaging diagnosis, wall-thickening in Fig2 and 3 was irregular. However, it's difficult to completely display the lesion morphology from just one slide.
   (3) We finally choose distal gastric resection for this patient, because of the small size and benign nature of the lesion. For reduce postoperative complications and respect patient wishes, we eventually did a Billroth I anastomosis rather than Roux loop.

3 References and typesetting were corrected. The paper was revised by AmEditor: www.ameditor.com.

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

Sincerely yours,

Guo LW

Best regards!
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