

Thank you very much for reviewer's helpful comments. We tried to edit the manuscript according to reviewer's comments. Please find our response to reviewer's specific comments

### **Reviewer #1**

This article provides an alternative treatment option for PNS patients who are positive for H. pylori infection. And the eradication of H. pylori seems to have had good results. But there are still some minor problems. 1. According to ARANTES et al[1], PPI, which is very commonly used after ESD, may be one of the causes of PNS because of its role in promoting the proliferation of gastric mucosa fossa epithelium and granulation tissue formation. What is the medication history of PPI for this patient during the follow-up after ESD? 2. It is necessary to exclude some malignant lesions and tumor recurrence before diagnosing PNS. In this article, the author described the pathological manifestations of this patient's biopsy, the pathological images should be provided. 3. "A" and "B" in Figure 3 are not indicated.

[1]ARANTES V, UEDO N. Criteria to characterize polypoid nodule scar after gastric endoscopic submucosal dissection in order to differentiate it from tumor recurrence[J]. Turk J Gastroenterol, 2021, 32(1): 106-107.

### **Answer)**

Thank you for your kind comments.

1. The patient was treated with PPI for 8 weeks after ESD. We added this point at imaging examinations paragraph.

2. We added pathologic images of the PNS in Figure 3.

(A) Histologic finding of polypoid nodular scar, 3 months after endoscopic submucosal dissection. Gastric hyperplastic polyp.

(B) Histologic finding of polypoid nodular scar, 1 year after endoscopic submucosal dissection. Helicobacter gastritis.

3. We labeled the images of regressed PNS in Figure 4. (A) and (B) are now indicated.

## **Reviewer #2**

The authors present a case of PNS at an ESD site that was reduced by Hp eradication, and although the cause of the PNS remains undetermined, it represents one possible association with eradication therapy. Comments are provided below. 1. In the Case report section, does "Lt" mean Left? It should not be abbreviated in its first use. 2. After ESD, antacids agents, including PPIs, should be clearly indicated, for how long, in what doses, and for how long. This is because PNS and acid levels may be involved. 3. Was the patient taking any oral steroids? If so, they may have prolonged the healing of the ulcer and may have influenced the course of development of the PNS in this case. 4. One of the causes of PNS may be hyperplasia of the gastric mucosa along with hyperacidity, but were serum gastrin levels measured? 5. It is expected that acid levels to recover with eradication, but is it possible that the resulting hyperacidity of the stomach could affect the increase in PNS? This needs to be discussed.

## **Answer)**

Thank you for your kind comments.

1. The abbreviation has been checked and corrected in the manuscript.
2. The patient was treated with PPI for 8 weeks after ESD (esomeprazole 40mg for 8 weeks)  
We added this point at imaging examinations paragraph.
3. The patient has not been treated with any forms of steroids.
4. The patient was administered with PPI from the day of the procedure for healing of the iatrogenic ulcer after ESD, but unfortunately, the gastrin level was not measured thereafter. However, we suppose that there was no definitive elevation of serum gastrin level since no definitive peptic ulcers or erosions were found in initial esophogastroduodenoscopy.
5. *H.pylori* induces epidermal cell proliferation and foveolar hyperplasia, resulting in hyperplastic polyps. These hyperplastic polyps regress after eradication, through the improvement in gastric mucosal inflammation. Thus, successful eradication of *H. pylori* is thought to reduce the risk of developing hyperplastic polyp. We added this point in the Discussion paragraph.

**Reviewer #3**

1. Use abbreviations sparingly in the text, and spell them out the first time you use them. Abbreviations used in tables should be spelled out at the bottom of the table. 2. The last picture is unlabeled, please check it. 3. There are so many language errors, please correct them carefully.

**Answer)**

Thank you for your kind comments.

1. The abbreviation has been checked and corrected in the manuscript.
2. We labeled the images of regressed PNS as Figure 4. (A) and (B) are now indicated.
3. Also we checked language errors in the manuscript.