

ANSWERING REVIEWERS

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 26462

Manuscript Type: Case Report

Title: Lymphocytic Esophagitis: report of three cases and review of the literature

Author: Bilel Jideh, Andrew Keegan, Martin Weltman

Dear WJCC,

Below are the comments made the three reviewers and my corresponding response

1. Reviewed by 00000194

Nice review. In relation to management have other locally acting steroids such as budesonide or even systemic steroids been considered. Any association with microscopic/lymphocytic colitis?

Topical steroids in the form of fluticasone are usually tried after empirical PPIs have failed to provide any benefit in a similar treatment algorithm to the management of EoE. This however is empirical and prospective studies on the treatment of LyE is lacking. To my knowledge from the literature review, there is no association of LyE with microscopic colitis.

2. Reviewed by 00158526

Review for the manuscript No: 26462 Lymphocytic Esophagitis: report of three cases and review of the literature published by Jideh B et al. General comments: This is a nice and well-structured manuscript describing the new entity among esophageal diseases. In addition there are descriptions of three patients with probable lymphocytic esophagitis. Although interesting, the authors did not prepare both figures, so they should not be included in the publication. I suggest that they include their own material, from one of the described patients. The topic is very interesting for readers, so with some corrections mentioned earlier, I think you should accept the manuscript for publication

In the revised manuscript, I have included an endoscopic photo of case 3 showing linear furrow and esophageal stricture that was dilated. The other two cases had macroscopically normal appearing esophageal mucosa. The figures from the literature were included as I thought they were nice demonstrations of the macro and microscopic findings seen in other cases of LyE.

3. Reviewed by 00036951

It's important, in the conclusions, to revise the criteria of diagnosis, up to date about the therapy and modalities for the follow-up.

In my manuscript I have provided a thorough and succinct summary of the most up to date information on LyE, which lacks a consensus on its diagnostic criteria, therapeutic modalities and recommended follow-up in the currently literature. Many physicians have approached the management of LyE in a similar fashion to EoE although this lacks an evidence base. The current literature lacks firm diagnostic criterion and management algorithms and therefore I am unable to provide that information in the manuscript.