

Format for ANSWERING REVIEWERS



April 16, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name:1232-edited.doc).

Title: Association between *Helicobacter pylori* infection and crohn's disease-a retrospective single center study from China

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 1232

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. This work focuses on the individuals with CD and controls. However, the authors comment that they had also diagnosed a group with UC. It would be value to include this as a third group –what are rates of *H. pylori* infection in this group also?

A: Yes, we diagnosed a group with UC and did further comparison. However, we plan to summarize these results and submit them as a new manuscript. Therefore, according to your suggestion, we put the Hp infection rate in UC patients in Discussion section but no more information could be released at this stage.

2. the authors must use bacterial names correctly, with standard format, including italics. Similarly, CD should be provided correctly –e.g. in the title and subsequently

A: Thank you for your suggestion. We have corrected the format of hp and CD throughout the text.

3. The Abstract should be revised for content, with shortening. This will improve readability.

A: Thank you for your suggestion. We have polished and shortened the abstract.

4. There are many errors of English text and grammar throughout the manuscript, from Abstract

onwards.

A: Thank you for your suggestion. We have corrected the errors and revised the whole paper with help of a native English speaker.

5. The Introduction needs a title. The Introduction covers key aspects, and is an appropriate length.

A: Thank you for your suggestion. We now add title in introduction section.

6. As mentioned, other members of the *Helicobacter* family are linked with the development of gut inflammation. In addition to the published work mentioned, there are several additional reports showing that members of this wider family are found more commonly in people with IBD than healthy controls. However, these other members colonise the lower gut, rather than having a location limited to the stomach

A: Thank you for your suggestion. We added this information in our discussion section.

7. The methods are confusing, and should be revised to enhance clarity. The CD and control groups should be well described separately.

A: Thank you for your suggestion. We have revised this part according to your suggestion

8. In regards the diagnosis of gastric infection, the Methods suggest oesophageal biopsy. This should be corrected.

A: Thank you for your suggestion. We have corrected this mistake into gastric antrum biopsy.

9. The patients with CD were categorised according to disease location. However, upper gut involvement was not included. Given that patients had upper gastrointestinal endoscopies to exclude *H. pylori* infection, gastric and other gut involvement should have been obtained.

A: Thank you for your suggestion. It is very rare to find CD involvement in upper GI tract. Actually, we did not find CD in esophagus and stomach of patients receiving upper GI endoscope.

10. Arthralgia is not a major complication of CD. It is an extra-intestinal manifestation.

A: Thank you! We have corrected this content

11. The methods could be shortened in several areas, including the details of UBT testing.

A: Thank you! We have made revision according to your suggestion.

12. Lab reagents and companies (e.g. statistics programs) should include details of company and location in standard fashion.

A: Thank you! We have made revision according to your suggestion.

13. The detail of the patients in the Results are confusing and should be simplified extensively

A: Thank you! We have made revision according to your suggestion.

14. On page 11, it is suggested that signs of inflammation are causes of CD. This should be corrected.

A: Thank you! We have made revision according to your suggestion.

15. The Discussion is of an appropriate length, but should also be revised for clarity, with corrections of errors.

A: Thank you! We have made revision according to your suggestion.

16. Tables 2 & 3 could be improved.

A: Thank you! We have made revision according to your suggestion.

3 References and typesetting were corrected

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

Sincerely yours,

Dr. Xi Jin

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