

ANSWERING REVIEWERS

June 16, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 3423-review.doc).

Title: Current Status in the Treatment Options for Esophageal Achalasia

Author: Seng-Kee Chuah, Chien-Hua Chiu, Wei-Chen Tai, Jyong-Hong Lee, Hung-I Lu, Chi-Sin Changchien¹, Pin-Huei Tseng, Keng-Liang Wu¹,

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3423

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) The possible impact of the results of high-resolution manometry on treatment outcome is now being discussed properly using the data from Pandolfino's landmark study. (Page 11, lines 23-30)

The possible impact of the results of high-resolution manometry on treatment outcome was highlighted in Pandolfino's landmark study, which showed that Type II patients were significantly more likely to respond to any therapy (BTI [71%], PD [91%], or LMH[100%]) than type I (56% overall) or type III (29% overall) patients. Type II achalasia was a predictor of positive treatment response, whereas type III and pretreatment esophageal dilatation were predictive of negative treatment response [81].

- (2) The relevant randomized studies dealing with the problem of Heller myotomy, type of fundoplication, and incidence of postoperative reflux has been discussed and cited in the text (Page 8, lines 5-15)

However, different surgeons have different opinions on the length of the myotomy. Generally, most surgeons choose a length of myotomy of 4–5 cm onto the esophagus and 2–3 cm onto the stomach [58]. Another controversial issue among surgeons is whether a concomitant antireflux procedure is necessary. Currently, most surgeons perform minimally invasive LHM with a variety of fundoplication procedures in the majority of patients with achalasia, and partial fundoplications are preferred because 360° fundoplications cause more dysphagia [46, 47, 59, 60]. Randomized controlled trials showed that the addition of an antireflux procedure to a myotomy substantially reduces the post-surgical incidence and severity of pathological reflux [61, 62].

- (3) As you talk about, re-do for failed operation for esophageal achalasia is challenging, however, those operations are also performed at high-volume center by laparoscopically and many patients are avoiding esophagectomy. On the other hand, some researchers reported the adverse effects of repeating dilation.

Answer: It has been revised as suggested (page 11, lines 6-11)

Practically, the correction of failed operations for esophageal achalasia is challenging; however, those operations are also performed at high-volume centers using laparoscopic procedures, and many patients prefer to avoid esophagectomy. On the other hand, researchers have reported the adverse effects of repeating dilations, especially the risk of perforations, and this must be considered in the decision making process.

3 References and typesetting were corrected

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

Sincerely yours,

Seng-Kee Chuah, M.D., and Keng-Liang Wu, M.D.

Gastrointestinal Motility Unit, Division of Hepatogastroenterology,

Chang Gang Memorial Hospital, Kaohsiung 123, Ta-Pei Road, Niasung Hsiang, Kaohsiung, 833,
Taiwan

Telephone: 886-7-7317123, ext. 8301 Fax: 886-7-7322402

E-mail address: chuahsk@seed.net.tw