

ANSWERING REVIEWERS



January 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1482-edited.doc).

Title: Irritable bowel syndrome and organic diseases: A comparative analysis of esophageal motility

Author: Thomas Thomaidis, Martin Goetz, Sebastian Paul Gregor, Arthur Hoffman, Elias Kouroumalis, Markus Moehler, Peter Robert Galle, Andreas Schwarting, Ralf Kiesslich

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 1482

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

" The manuscript entitled "Irritable bowel syndrome and organic diseases: A comparative analysis of esophageal motility" submitted to the journal by Thomas Thomaidis is an interesting article. 15 patients with irritable bowel syndrome (IBS), 22 with systemic lupus erythematosus (SLE) and 19 with systemic sclerosis (SSc) were prospectively selected from a total of 115 patients at a single university centre and esophageal motility was analysed using standard manometry (Mui Scientific PIP-4-8SS). The outcome was calculating correlation coefficient was calculated between amplitudes, velocity and duration of the peristaltic waves throughout esophagus and patients' dysphagia for all three groups. The interesting part was the result which showed IBS patients showed during esophageal manometry peristaltic amplitudes at the proximal part of esophagus greater than 60 mmHg in 46 % of the patients, which was significant higher in comparison to the SLE (11,8 %) and SSc-Group (0%, p: 0.003). Furthermore, IBS patients showed lower mean resting pressure of the distal esophagus sphincter (LES, 22 mmHg) when compared with SLE (28 mmHg, p: 0.037) and SSc (26 mmHg, p: 0.052).

Nice article."

Authors:

We would like to thank the editor and the reviewers for the helpful comments on the original manuscript. The goal of our study was to assess and compare the esophageal motility in patients with irritable bowel syndrome (IBS) and patients with autoimmune disorders. It was of great interest to notice that although patients with IBS showed comparable dysphagia-Scores as patients with systemic lupus erythematosus (SLE) and systemic sclerosis (SSc), different manometric patterns were observed. Specifically, IBS patients showed in proximal esophageal part significant higher amplitudes whereas at the distal esophagus sphincter lower mean resting pressure in comparison to patients with autoimmune disorders. The different manometric patterns might allow differentiating esophageal symptoms based on IBS from other organic diseases.

3 References and typesetting were corrected

