

Format for ANSWERING REVIEWERS



May, 30. 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2960-revised.doc).

Title: Rare Adult Gastric Duplication Cyst Mimicking as Gastrointestinal Stromal Tumor

Author:

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2960

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

Reviewer 1 (00068723)

1. The authors should clearly describe the definition of gastric duplication, which Most of them show a tumor on the wall of the stomach. Their sized are 3-5 cm, or larger. Some of them are homogenous mass like GIST with EUS. Histological examination demonstrates cavity lined by mucosa and smooth muscle.

Answer: Gastric duplication is classified into two types: cystic and tubular, with the cystic type more common. The structure is lined by typical gastric mucosa, often accompanied by patches of ectopic intestinal epithelium, contains a smooth muscle coat fusing with the muscularis propria of the stomach, is contiguous with the wall of the stomach, and shares a common blood supply. Most duplications do not communicate with the stomach and are located along the greater curvature of the stomach or the posterior wall of the antrum.(added in the text body-discuss part)

2. The submucosal tumor should be compared with the definition.

Answer: The submucosal (or sub-epithelial tumor) was the differential diagnosis in this patient regarded of more common and some endosonographic findings. We had already mentioned this comparison in the discussion part already.

3. Is gastric duplication usually a cause of iron-deficiency anemia?

Answer: It was a rare cause of anemia. That's why this case was an interesting case. (added in the text body-introduction part)

4. If so, is there any possible mechanism of bleeding from gastric duplication?

Answer: The possible mechanism is from gastric cell lining of the cyst which produced acid that leads to ulceration and hemorrhage. (added in the text body-discussion part)

5. If not, what do the authors speculate about the cause of the anemia?

Answer: The author speculated that the bleeding from this lesion was the cause of anemia.

6. It would be helpful if the authors describe blood examination, such as hemoglobin, serum Fe.

Answer: The patient's hemoglobin was 9.0 (13.0-17.0)mg/dL, Ferritin level was 18.0 (12-200)ng/ml, no serum iron study in this patient. (we have already added in text body part-case report part.)

7. in Figure 5. Submucosal area looked edematous. Inflammatory cells seemed infiltrating in submucosa. Infiltrative fluid was seen in the lumen. Is there possibility that the tumor was gastric erosion?

Answer: No, the pathologist had already reviewed this case and confirmed that this lesion was a

small gastric duplication cyst, not an erosion.

Reviewer 2 (00183665)

1. The author should include immunohistochemistry for C-kit

Answer: Yes, we agree that we added on another figure of c-kit immunohistochemistry stain in figure 6. (in Figure 6)

Reviewer (300289433)

1. The reviewer recommended publication in the present format

Answer: Thank you.

3 References and typesetting were corrected

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

Sincerely yours,

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