

ANSWERING REVIEWERS

December 27, 2013

Dear Editor,

Please find enclosed the edited the full-text manuscript in Word format



Title: Two rare gastric hamartomatous inverted polyp cases suggest the pathogenesis of growth

Author: Hirohito Mori, Hideki Kobara, Takaaki Tsushimi, Shintaro Fujihara, Noriko Nishiyama, Tae Matsunaga, Maki Ayaki, Tatsuo Yachida and Tsutomu Masaki

ESPS Manuscript NO: 7595

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
3. References and typesetting were corrected

All responses to comments are as following pages.

Sincerely yours,

Hirohito Mori, MD, PhD

Department of Gastroenterology and Neurology,

Faculty of medicine, Kagawa University, Japan

e-mail:hiro4884@med.kagawa-u.ac.jp

Tel: +81-87-891-2156

Fax: +81-87-891-2158

REVIEWER #1 (2537189)

COMMENT

Gastric hamartomatous inverted polyps (GHIP) are difficult to accurately diagnose because of their inversion into the submucosal layer. An en bloc resection by endoscopic submucosal dissection (ESD) is recommended for treatment. This case report will be helpful the treatment of GHIP.

RESPONSE

I would like to show my appreciation for me to be commented like this precious comment. Thank you very much.

REVIEWER #2 (2563195)

COMMENT

They are interesting cases described in manuscript

RESPONSE

It's my honor to be given like these comments.

Thank you for your kind comment.

REVIEWER #3 (2504712)

COMMENT

Manuscript title: Two rare gastric hamartomatous inverted polyp cases suggest the pathogenesis of their growth. Case report Authors: Mori H et al. The manuscript describes two case reports of rare gastric hamartomatous inverted polyps (GHIPs). In addition, the authors hypothesise that after a hamartomatous change occurs in the submucosal layer, some of these components are exposed to the gastric mucosa and, consequently, form a hypertrophic lesion which inverts. The authors also advance the ultrasonographic appearance of these hamartomatous lesions. In general, These cases are rare and a detailed pathological and ultrasonographic characterization is relevant. Although, this is not original, as these lesions have been described previously, the combination of the pathological and ultrasonographic appearance is novel and useful. Bearing in mind the rarity of these lesions, their significance is important when they are diagnosed. The manuscript is generally readable with a few editorial corrections necessary. There are no ethical issues to be addressed in this article. Specifically, the two case reports are satisfactory. The authors hypothesise the formation of these hamartomatous lesions and they just need to stress that these are hypothesis. I am happy with the suggestions made but they remain unproven scientifically.

RESPONSE

Thank you for your informative comments. I agree with you. Although we experienced two rare cases and set up a hypothesis related to the formation of gastric hamartomatous inverted polyp, but these are just hypothesis. We revised and added sentences in DISCUSSION section (Page 10, line 9) as follows: **In conclusion, as submucosal hamartomatous changes of GHIP might occur prior to the development of secondary hypertrophic portions from our experiences of two rare cases, more cases are needed to be stored to evaluate the pathogenesis of GHIP.**

Sincerely yours,

Hirohito Mori, M.D, PhD
Department of Gastroenterology and Neurology,
Faculty of medicine, Kagawa University, Japan
e-mail:hiro4884@med.kagawa-u.ac.jp
Tel: +81-87-891-2156
Fax: +81-87-891-2158