ANSWERING REVIEWERS

January 30, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7659-review.doc).

Title: Benign esophageal stricture after thermal injury treated with esophagectomy and ileocolon interposition

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Name of Journal: *World Journal of Gastroenterology*

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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
Response to Reviewer 1:
Major Revisions:

(1) *Frequently patients who undergo this procedure for oesophageal cancer or squamous cell disease never fully recover their quality of life. In this regard I would have liked to see more details about the patient's recovery. This is summarized by the authors in two sentences: "The patient recovered uneventfully and was discharged from our hospital on postoperative day 22. As of the time of writing, he has been doing well for 10 months, with no evidence of complications". More details about the patient's postoperative outcomes would be desirable.*

We apologize for the insufficient explanation. We have added more precise preoperative and postoperative information to the Case report section.

(2) *Preferably a validated measure of quality of life could be administered to the patient to retrieve information about how well the operation has helped him resume quality of life relative to before the incident. Without this information I believe that the conclusions stated in the abstract of the paper are unsubstantiated.*

Thank you for your comments. We do not routinely record a validated measure of the quality-of-life, such as the gastrointestinal quality-of-life index score (GIQLI*), in patients who have undergone upper gastrointestinal surgery. However, the dysphagia that was present for months before the procedure was improved without aspiration or regurgitation of gastric contents after the surgery, and the patient established a proper dietary intake with his school colleagues and gained 10 kg from his preoperative weight. In addition, previous reports have demonstrated the superiority of ileocolon interposition over gastric pull-up as an esophageal substitute for determining the quality-of-life. For these reasons, we feel that this operation may help to improve the quality-of-life for patients.

* Eypasch E, Williams JI, Wood-Dauphinee S, Ure BM, Schmülling C, Neugebauer E, Troidl H. Gastrointestinal Quality of Life Index: development, validation and application of a new instrument.

Br J Surg. 1995;82:216-22.

Minor Revision

(3) *"This is a very care of the refractory esophageal thermal injury which required the esophagectomy." I don't understand this sentence; is there a word missing?*

We apologize for the mistake. We have changed the phrase 'care' to 'rare case'.

Response to Reviewer 2:

Minor Revisions:

(4) *Is it possible to perform an objective evaluation of the patient's quality of life, e.g. use a validated score to compare the patients QOL to a cohort of patients?*

Thank you for your comments. In our hospital, we do not routinely record a validated measure of quality-of-life, such as gastrointestinal quality-of-life index scores (GIQLI*), in patients who have undergone upper gastrointestinal surgery. Therefore, in practice, it is difficult to use this type of validated score to compare the QOL of our patients to that of other cohorts.

(5) *As the authors claim there are no published cases of ileocolon interposition for thermal injury of the esophagus, they should provide the reader with their used literature search strategy.*

We searched the PubMed database using the following key words: 'esophageal thermal injury/burn' and 'thermal injury/burn of the esophagus.' We have added this information to the discussion section.

(6) *The authors should consider including the available literature on esophageal replacement for caustic injury of the esophagus and achalasia, as this also seems relevant for the treatment of patients with need for esophageal replacement due to thermal injury, .e.g. http://www.ncbi.nlm.nih.gov/pubmed/10197646*

Thank you for your comments. We reviewed the suggested article and noted that a long-segment colon interposition yielded acceptable long-term functional results in patients with benign acquired esophageal diseases, such as caustic injury and gastroesophageal reflux. We believe that this technique could also be applied to a refractory stricture caused by thermal injury. Wain et al. suggested that caustic injuries to the esophagus remained more difficult to treat than other acquired esophageal diseases; furthermore, they indictated that patients with caustic injury who required pharyngeal anastomosis and surgical revision of the proximal anastomosis due to stenosis were more common than were those with another type of acquired esophageal disease. We have added this information to the discussion section.

(7) *Other possible surgical options should be discussed as well, such as fundus rotation gastroplasty (e.g. http://www.ncbi.nlm.nih.gov/pubmed/12220414) and free jejunal graft.*

We reviewed the suggested article and noted that the fundus rotation gastroplasty (FRG) technique allows for an increase of the remaining gastric reservoir and a safe performance of even pharyngeal anastomosis as indicated by the insufficiency rate of 9%. However, this rate was higher than the rate of 5.4% described in our previous report [11]. Furthermore, the FRG technique may not be more effective than ileocolon interposition at preventing regurgitation of the gastric contents. Therefore, in this case, we chose ileocolon interposition reconstruction. We have added this information to the discussion section.

3 References and typesetting were corrected

A native English speaker (American Journal Experts) checked the revised manuscript again, and several words and sentences were changed from our original manuscript.
Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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