ANSWERING REVIEWERS

May 7, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name:9568-review.doc).

Title: Successful treatment of refractory gastric antral vascular ectasia by distal gastrectomy :A case report

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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:
All the revisions we made have been highlighted by red colour in the manuscript.

1 Format has been updated accroding to the writing requirements of case report

2 Revision has been made according to the suggestions of the reviewer
Revision has been made according to the suggestion of reviewer # 2822816
(1) Abstract is too long; please make it shorter.
We have shortened the abstrsct slightly.

(2) there are several grammar errors and some phrases are rather confusing (eg, "while the patient occurred melena again..", "those with non-concurrent with Cirrhosis" etc)
We have revised the sentence from "while the patient occurred melena again …"to "Melena reoccurred…" and we have revised the last sentence in abstract to "We propose that surgery should be considered as an effective option for GAVE patients with extensive and severe lesions upon deterioration of general conditions and hemodynamic instability."

(3) Introduction -fourth phrase: please, specify "currently available endoscopic method"
Currently available endoscopic methods include sclerotherapy, heater probe, monopolar coagulation, multipolar electrocoagulation, cryotherapy, endoscopic band ligation and so on.But limited by the length of introduction,we haven't supplemented the information and we omited this sentence.

(4) Case report Section- First paragraph: there are several grammar mistakes: -"his medical history…were necessary transfusion", "two GE endoscopy" (endoscopies), "gout that commended by Aspirin" Second paragraph-the same observations: -"pyloru was all involved", "the histological performance…", "the Patient.." , "friction between endoscopy

and …"!
Case report Section has be revised according to suggestions of reviewer and the grammar mistakes have been corrected.

(5) Discussion: Page 3, first paragraph, second phrase: "Is more higher for about 62%"-is confusing. Second paragraph, first phrase: "options…choices"
We have revised the sentense from "For instance …is more higher for about 62%…" to "Clinically, GAVE often …an incidence as high as 62%"
We also have revised the sentense from "many therapeutic options …including surgical, endoscopic and medical choices" to "many therapeutic options are available, including surgical, endoscopic and medical choices." We also have listed some drug therapies,such as hormones, octreotide, and tranexamic acid.

(6) Page 4, second paragraph, first 2 phrases: Please, make them clear for readers. Third paragraph, third phrase: "Before the establishment of endoscopic…", please, rewrite. Page 4, last phrase is confusing: "Here We boldly proposed that antrectomy could be considered as first line treatment options…"!, please rewrite it.
Paragraph four in discussion section has been rewrited to better explain our viewpoint .

Revision has been made according to the suggestion of reviewer # 28922
(1)Introduction and Discussion section should be shortened.
We have reduced the text of Introduction and discussion slightly.

Revision has been made according to the suggestion of reviewer # 1115220
(1) Use g/L as haemoglabin units.
We have corrected the haemoglabin unit.

(2)I do not think GAVE is that rare, not that common but some evidence of the reported prevalance would be useful to support this statement.
Most literatures still state that GAVE is rare and uncommon thought there are more and more GAVE cases are reported.In addition,we have added the reference that "evidence suggests that GAVE is identified in 26 of 744 (4%) consecutive endoscopies for non-variceal upper GI bleeding".(reference #5)

(3)I do not think there is any evidence that acid suppressive drugs are effective. Medical therapy includes hormones, tranexamic acid and also somatostatin analogues.
The reviewer is right.Nowadays, a wide variety of drugs have been used to try to control GAVE-related bleeding,such as hormons、octreotide、tranexamic acid、somatostatin analogues and so on.We have corrected the statement in our manuscript in the discussion section.

(4) APC would be regarded as the endoscopic modaility of choice, what other methods are the author alluding to in the introduction?
Other methods include sclerotherapy, heater probe, monopolar coagulation, multipolar electrocoagulation, cryotherapy, endoscopic band ligation and so on.For the length of introduction,we haven't supplemented the information and we omited this sentence.

(5) The actual case report is confusing - where these previous endoscopic features genuine

or merely a misiagnosis of the GAVE?
Unless recognized,the endoscopic findings of GAVE can be misdiagnosed as severe gastritis. So I am sorry to say,it might be overlooked initially for ther are other common causes of upper gastrointestinal bleeding.

(6)What was the treatment for the hypertension?
The treatments of hypertension were norvasc(10 mg，qd).we have added the information in text.

(7) What were the "consequences" of haemorrhagic gastritis?
We have revised the sentence from "The capsule endoscopy revealed the consequence of hemorrhagic gastritis."to "The capsule endoscopy indicated a diagnosis of hemorrhagic gastritis."

(8) Is it not possible or even likely that the major haemorrhage 3 days after extensive APC treatment actually was due to APC induced ulceration rather than the GAVE itself?
Indeed, Overzealous cautery may result in hypertrophic inflammatory polyps, which can be yet another source of bleeding . But APC treatment we used was primarily for bleeding areas rather than extensive areas.So we think the re-bleeding should not be caused by APC treatment.We have added this information.

(9)It is a shame there is no image of the GAVE after APC treatment.
It is a pity that the image of GAVE during or after APC treatment had not been conserved for the computer problems.

(10) In my quite extensive experience with this condition, it is always possible to pass the pylorus with the endoscope, certainly before one starts using APC and any endoscopy or APC-induced bleeding is always controllable acutely. What settings and equipment was used for the APC? From the image the GAVE is not extremelt severe.
The lesion was so extensive and severe that it made it difficult for the endoscope to pass through the pylorus. After a successful pass, the friction between the endoscope and the lesions caused bleeding. The equipment we used for APC treatment was Erbe ICC200 high-frequency electrotome, 40 W.

(11) The statement that antrectomy should be a first line option is perhaps too bold, what are the complications of surgery and indeed why not avocate surgery in those with connective tissue diseases?
In this case,there isn't any postoperative complication except tolerable pain.The statement we advocated is indeed a little bold ,so we have rectified it to " we propose that surgery should be considered as an effective option for GAVE patients with extensive and severe lesions upon deterioration of general conditions and hemodynamic instability".

Revision has been made according to the suggestion of reviewer # 537853
(1) Are images during APC or at the end of the procedure available?
It is a pity that the image of GAVE during or after APC treatment had not been conserved for the computer problems.

(2) More details about surgical resection are necessary (surgical approach: open/laparoscopic; reconstruction, and so on)

The patient was transferred to have an open surgery consisting of distal gastrectomy with Billroth Ⅱ anastomosis. We have added the details in our manuscript.

(3)"Surgery has the advantage to be a definitive therapy but with high morbidity and mortality risks, especially in patients with severe co-morbidities, such as liver cirrhosis". This statement need references.
We have added the reference reminded by reviewer.(reference# 12)

Other revisions:

We have changed the title from "Successful treatment of refractory gastric antral vascular ectasia by antrectomy:A case report" to "Successful treatment of refractory gastric antral vascular ectasia by distal gastrectomy: A case report".

3 References and typesetting were corrected

To all reviewers

Thank you again for your careful review of our manuscript. We look forward to receiving your further
response.

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

Sincerely yours,

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