

May 27, 2023

Lian-Sheng Ma
Editor-in-Chief
World Journal of Gastrointestinal Endoscopy

Manuscript # 84137: **“Review of oral and pharyngolaryngeal benign lesions detected during esophagogastroduodenoscopy”** by Iwamuro et al. (Number ID: 04093521).

Dear Dr. Ma:

We would like to resubmit our revised manuscript for consideration for publication in *World Journal of Gastrointestinal Endoscopy*. We have carefully considered all of the comments of the reviewers and addressed the reviewers' concerns as thoroughly as possible. Point-by-point responses to the comments of the reviewers are given below. We hope you will find our revised manuscript suitable for publication in *World Journal of Gastrointestinal Endoscopy*. Thank you for your consideration.

Sincerely yours,

Masaya Iwamuro, MD
Department of Gastroenterology and Hepatology
Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences
2-5-1 Shikata-cho, Kita-ku, Okayama 700-8558, Japan
Tel: +81-86-235-7219
E-mail: iwamuromasaya@yahoo.co.jp

Manuscript #84137: “**Review of oral and pharyngolaryngeal benign lesions detected during esophagogastroduodenoscopy**”

Point-by-Point Responses to the Comments

Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Gastrointestinal Endoscopy. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: We express our gratitude to the editor-in-chief for dedicating their time to review our manuscript. In our study, we have utilized Reference Citation Analysis and seamlessly integrated multiple articles with a notably high Impact Index Per Article as references.

The revised manuscript incorporates the following articles as references: PMID 28266116 (Impact Index Per Article: 75.4) as reference no. 7, PMID 20436469 (Impact Index Per Article: 32.5) as reference no. 13, PMID 30554716 (Impact Index Per Article: 0.8) as reference no. 18, PMID 23787418 (Impact Index Per Article: 2.5) as reference no. 25, PMID 25152586 (Impact Index Per Article: 7.4) as reference no. 27, and PMID 31963180 (Impact Index Per Article: 31.0) as reference no. 30.

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Manuscript can be extended to other benign lesion also like corrosive injury to oral and pharyngeal mucosa.

Response: We express our gratitude for your valuable suggestion. As per your recommendation, we have incorporated an additional subsection to comprehensively elucidate the corrosive injury inflicted upon the oral and pharyngeal mucosa.

Reviewer #2:

Scientific Quality: Grade E (Do not publish)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: Dear editors and authors of the manuscript! A large number of clinical cases of benign and malignant diseases of the oral cavity and pharynx are presented. The manuscript is descriptive. The style of presentation is at an acceptable level, however, this manuscript does not carry scientific novelty and great clinical significance, because in any profile atlas of endoscopy or otorhinolaryngology, these cases are described and also visually presented. The authors demonstrated their high-level experience, and I express my gratitude to them for this. But to my regret, I recommend rejecting the publication of the manuscript in this journal. At the discretion of the editor, it may be redirected to the World Journal of Clinical Cases.

Response: We sincerely appreciate the thorough review of our manuscript. We would like to take this opportunity to submit a revised version of our manuscript to the esteemed World Journal of Gastrointestinal Endoscopy. Our manuscript aims to provide invaluable guidance to endoscopists in the prompt and accurate diagnosis of benign lesions in both the oral cavity and the laryngopharyngeal regions during esophagogastroduodenoscopy examinations.

By presenting our comprehensive findings, we aspire to equip endoscopists with the necessary knowledge and insights to identify and evaluate such lesions effectively. The timely recognition of benign lesions in these critical anatomical areas can lead to improved patient outcomes and facilitate appropriate treatment interventions.

We are confident that the inclusion of our manuscript in the World Journal of Gastrointestinal Endoscopy would contribute to the existing body of knowledge in the field and serve as a valuable resource for healthcare professionals. Thank you once again for your valuable time and consideration.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: This is more or a less a description of some of the conditions a scopist could see when looking for, e.g., a tumor in the mouth. The overview is not complete, just some examples of what could be seen are described.

Response: We express our heartfelt gratitude for undertaking the review of our manuscript. We wholeheartedly concur with your assessment that our manuscript serves as an illustrative exposition, employing endoscopic images to enhance comprehension for endoscopists. Nonetheless, we firmly believe that our article holds substantial merit for readers due to the scarcity of existing literature pertaining specifically to benign lesions in the oral cavity and laryngopharyngeal regions.

The distinctive contribution of our paper lies in its ability to address this significant research gap, shedding light on a previously unexplored domain. Through the presentation of exemplary endoscopic images, our aim is to furnish endoscopists with a comprehensive comprehension of the subject matter at hand.

Once again, we extend our sincere appreciation for your time and diligence in reviewing our manuscript, and we remain confident in the potential impact of our work on the advancement of knowledge in this specialized area of study.

Reviewer #4:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Endoscopic devices are important for the diagnosis of oropharyngeal diseases in the actual treatment process. Many studies have focused on the endoscopic features of malignant diseases of the oropharynx, while relatively few articles have addressed benign lesions. This article describes each of the seventeen benign oropharyngeal lesions, elucidates the etiology, prevalence, hazards or management of some of them, and also provides endoscopic images of individual cases. This article is clearly structured and helps to increase the physician's understanding of oropharyngeal lesions. This article could be enriched by adding some special cases and illustrating the key points of identification.

Response: We greatly appreciate your commitment in dedicating your time to review our manuscript and providing a positive response. In the present study, our focus lies on

benign lesions localized within the oral and pharyngolaryngeal regions. Although we strived to incorporate a diverse array of endoscopic images showcasing lesions in these specific anatomical locations in the previous version, we regretfully acknowledge our inability to include additional cases at this time.