

June 21, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (review.doc).

We changed the title and in the Authors as well the references following the indication in the instruction for the Authors.

We did not change the Abstract,

Title: Pseudoachalasia: a peculiar case report and review of the literature

Authors: Salvatore Maria Antonio Campo, Angelo Zullo, Chiara Maria Scandavini, Barbara Frezza, Paola Cerro, Genoveffa Balducci

Campo SMA *et al.* Oesophageal vascular compression caused dysphagia in pseudoachalasia

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Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 3795

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers:

Reviewer 02462691:

We thank you for your comments and suggestions.

- Indeed, we called peculiar our case because it was a case of pseudoachalasia with a particular vascular compression of the oesophagus which could cause dysphagia. The mechanical obstruction of the cardia from the gastric cancer arising from the angulus up to gastro-oesophageal junction could also be cause of dysphagia.

- We corrected all the suggested lines, some part of the text, the names of the Authors and the references following the instructions of the Journal, and modified the case report detailing the manometric study technique and discussing in more details on our case.

- We did not compare conventional manometry with high resolution manometry because we do not use yet this new technique.

- We just liked to report our cases of pseudoachalasia as registered in our open-access motility laboratory as well the cases in the literature to give a more complete up to date of clinical features in patients with pseudoachalasia.

Reviewer 00253967:

We thank you so much for your consideration. We corrected the proof as suggested.

Reviewer 00503535:

Thank you so much for your comments and suggestions.

- *The endoscopic findings are important for the diagnosis of cancer as a cause of pseudoachalasia, but they are not different from the other gastric cancer without pseudoachalasia. Therefore, we don't discuss about them.*
- *Manometric findings of pseudoachalasia are not different from those observed in achalasia, i.e. high LES pressure, decreased LES relaxation, complete absence of normal peristalsis with all waves being simultaneous. Therefore none of these findings could be considered specific of pseudoachalasia other than those typical for achalasia.*
- *Indeed, we considered interesting to illustrate in Table 1 our cases of pseudoachalasia as far as clinical features are concerned, particularly duration of dysphagia and diagnosis, in comparison with those described in the literature.*
- *We modified CT view in Figure 2 with explanations written in English.*

3 References and typesetting were corrected

Thank you again for considering for publication our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,

Salvatore MA Campo, M.D.