

Response to reviewers

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Title: Gastro-oesophageal Reflux Disease and Eosinophilic Oesophagitis: What is the Relationship?

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Reviewer 1

1. This minute view on a topic of interest is good. The authors have discussed important and useful data published on this topic.

Reviewer 2

1. I think although frequently studied topic it is well designed and very informative. Citation of similar studies especially recent ones are lacking.
 - More recent articles/citations have been added to the review.
2. Informative illustrations like figures for better explanation of pathophysiology of both disorders especially eosinophilic oesophagitis could increase the weight of your review.

- A figure depicting the pathophysiology of eosinophilic oesophagitis has been added to the review.
3. Regimen of treatment is not well discussed.
- A section on treatment of both conditions has been added to the review.

Reviewer 3

1. The topic which is discussed in this mini review is an interesting and clinically relevant issue. The two diseases are well explained. However, the manuscript is lacking a chapter on therapy.
 - A section on treatment of both conditions has been added to the review.
2. Moreover, there should be a table reflecting the different diagnostic features.
 - A table depicting the diagnostic differences has been added to the review.
3. Last, the different proposed hypotheses regarding the relationship between GORD and EoE should be explained in more detail (mechanistic) and which of these is actually the most favorable.
 - We acknowledge the lack of data and evidence available regarding these hypotheses. Thus, we are unable to expand further and confidently select which is more favourable.

Reviewer 4

1. Minor comment Page 5-6 Dilated intracellular spaces have been found to be a feature of reflux disease however, whether this damage can lead to exposure of food allergens and subsequently a Th2 response is unknown. Authors should rewrite this part to refer the manuscript (Kandulski et al. Clinical Gastroenterology and Hepatology 2015;13:1075-1081) that shown pathogenesis of DIS.
 - This has been included as suggested.

2. Page 10 However, in cases where dysphagia is the main symptom, it is important to perform manometric assessment to exclude alternative diagnoses such as achalasia, ineffective peristalsis, distal oesophageal spasm and nutcracker oesophagus which can sometimes mimic symptoms of GORD and EoE. Authors need to refer the Chicago classification (Neurogastroenterology and motility 2015;27:160-74). Major motility disorders are achalasia, EGJ outflow obstruction, Jackhammer esophagus, distal esophageal spasm and absent contractility. Minor motility disorder is ineffective esophageal motility. Authors should not use old terms like nutcracker and ineffective peristalsis.
 - These terms have been corrected as suggested.