Author's response to reviews

Title: Postprandial fullness correlates with gastric barium excretion but not with chronic gastritis.

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Author's response to reviews: see over
Dear Editor of *BMC Gastroenterology*

We enclose herewith our revised manuscript entitled “Postprandial fullness correlates with rapid inflow of gastric content into duodenum but not with chronic gastritis.” by Nobutake Yamamichi, Takeshi Shimamoto, Chihiro Minatsuki, Yoko Yoshida, Mitsuhiro Fujishiro, Shinya Kodashima, Osamu Goto, Jun Kato, Satoshi Ono, Keiko Niimi, Yu Takahashi, Maki Konno-Shimizu, Masao Ichinose, and Kazuhiko Koike. We at first submitted this article in April 2011, resubmitted the rewrited article in August 2011, and now again resubmitted this revised manuscript according to the editor’s instruction. We believe our finding would be of great interest to a broad section of the readership of your journal. Outlines of revision made are as follows.

<The Comments from Referee A>

1. The opening two paragraphs of the background (p. 5) are not directly relevant to the study, and could be edited considerably. Because this study was performed in healthy subjects.

   Postprandial fullness is defined as an unpleasant sensation like prolonged persistence of food in the stomach. Sensation of postprandial fullness is a popular gastrointestinal symptom which occurs not only to FGID (functional gastrointestinal
disorder) patients but also to normal healthy subjects. As was the Referee A pointed out, our previous version of manuscript may cause a misunderstanding that the object of our study is limited to FGID patients. Therefore, we carefully change the description (Page 5, line 2-10) so that the readers certainly understand that the objective of our study is a bothersome symptom of postprandial fullness itself, which occurs to not only FGID patients but also to healthy subjects. Actually, most of our study subjects were healthy people with no medication of digestive drugs.

2. The title of manuscript is inappropriate. It is ambiguous which result of “gastric barium excretion” correlates with postprandial fullness.

In the previous referring in August 2011, this Referee A commented that “I think that the authors do not need to stick to ‘gastric emptying’. This study shows that rapid inflow of barium into the duodenum correlate with postprandial fullness.” We think it cannot be ascertained which is the major correlated reason of unpleasant postprandial fullness: “gastric contents excretion/emptying” or “inflow of gastric content into duodenum”, as both sequential phenomena occurs simultaneously. Nevertheless, we agree that our expression was rather ambiguous. Therefore, according to Referee A’s comment, we have changed the title from “Postprandial fullness correlates with gastric barium excretion but not with chronic gastritis” to “Postprandial fullness correlates with rapid inflow of gastric contents into duodenum but not with chronic gastritis”.


3. The methodology of this study could not describe the gastrointestinal motor function. This study merely shows that some category of X-ray imaging after injection of spasmolytic agent correlate with postprandial fullness. The 2nd and 3rd paragraph (p. 12-13) of discussion could be edited considerably.

As was pointed out in this comment, it is certain that out study merely showed a correlation between X-ray gastric images of the healthy subjects and their usual feeling of postprandial fullness. We agree that our previous description was somewhat confusing, because it may mislead the reader that the sensation of postprandial fullness analyzed was the feeling that occurred during the barium X-ray examination. Thus, following this comment, the 2nd and 3rd paragraph of discussion have been carefully rewrited.

<The Comments from Referee B>

Now to the points raised by dr Sadik in his primary verdict on this manuscript.

#1. Not met, but the authors should not report the position of the head of barium as a measure of gastric emptying, as long as the latter term has universal acceptance for another finding using another technique.
#2 Adequately met (refs 9 & 10)
#3 Adequately met (builds on a validated questionnaire)
#4 Adequately explained, could be amended by informing the reader about the reason for including barium meal using this technique in a routine medical check-up.
The Referee B suggested us the future prospects of our study. We are deeply grateful for his advice and will apply it to the future study we are planning now. According the advice #4, we added the following sentence in the Method section (Page 7, Line 5-6); All of them underwent upper gastrointestinal double-contrast barium X-ray examination for screening of gastric cancer.

For this paper, we think there are no necessary points that should be further revised.

We look forward to your reply. Please do not hesitate to contact me when you require anything further. Thank you for your consideration.

Yours sincerely,

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