Author's response to reviews

Title: Antral hyperplastic polyp causing intermittent gastric outlet obstruction: Case report

Authors:

Dr Rasim Gencosmanoglu (rgencosmanoglu@marmara.edu.tr)
Ebru Sen-Oran (ebrusenoran@hotmail.com)
Ozlem Kurtkaya-Yapicier (ozlemky@yahoo.com)
Nurdan Tozun (nurdantozun@hotmail.com)

Version: 2 Date: 22 Jun 2003

Emma Veitch
Assistant Editor
BMC Journals
BioMed Central
Middlesex House
34-42 Cleveland Street
London W1T 4LB
ENGLAND

ID - 8963424531588259
Antral hyperplastic polyp causing intermittent gastric outlet obstruction: Case report
Rasim Gencosmanoglu, Ebru Sen-Oran, Ozlem Kurtkaya-Yapicier and Nurdan Tozun
BMC Gastroenterology

22 June 2003

Dear Ms. Veitch,

We are grateful to the reviewers and the Editorial Board for their constructive criticisms on our paper. We revised the manuscript accordingly. The modifications are given in separate pages as point by point responses to the comments of the reviewers. I declare that all the authors are agreed on the revision.

We hope you will find the revised manuscript satisfactory. If any further changes are necessary, we would be happy to improve.

Thanking you again and looking forward to hearing from you soon.

Yours sincerely,

Rasim Gencosmanoglu, M.D.
Unit of Surgery,
Revisions according to the reviewers' comments:
Reviewer 1 (Shinichi Ota):
Major:
- We are grateful to the reviewer for his/her constructive criticisms on our paper.
- As stated by the reviewer, the important point of the present report was that the patient presenting with the symptoms of gastric outlet obstruction due to a large antral polyp, which was removed endoscopically, did not have H.pylori associated gastritis. The negativity of Helicobacter infection was documented by two distinct examinations: rapid urea test and histopathologic examination. Since the patient underwent upper gastrointestinal endoscopy for gastric outlet obstruction and the definite diagnosis was made during the endoscopy, we used the above methods to assess the presence or absence of H.pylori infection.
- A large number of diagnostic tests are available for the diagnosis of H.pylori infection. These diagnostic methods include invasive and non-invasive methods (1). At present, no single test is sufficiently reliable to definitely detect colonization by H.pylori (2). Ni et al. (3) reported the diagnostic accuracy of various tests as follows: stool antigen test 96.2%, rapid urease test 96.2%, histopathologic examination 98.1%, polymerase chain reaction 94.3%, culture 98.1%, 13C-urea breath test 100%, and serology 84.9%. When endoscopy is not planned, non-invasive methods to detect the H.pylori infection is used. 13C-urea breath test and stool antigen test are reliable non-invasive tests with a high diagnostic accuracy in pre- and post-treatment conditions, whereas serologic tests have a lower diagnostic accuracy (1). When patients are planned to undergo endoscopy for several reasons (e.g. when they have the symptoms of gastric outlet obstruction as in our case), besides endoscopic findings, there is a chance to assess the presence of H.pylori by both rapid urease test and histopathologic examination with a high diagnostic accuracy. However, if there are atrophic changes in the gastric mucosa, it has been shown that H.pylori infection would have been missed without the analysis of H.pylori antibodies (4). In those patients, even though the rapid urease test yields a negative result and the presence of Helicobacter-like organisms are not shown by H&E and modified Giemsa stains by histopathologic examination, the absence of H.pylori infection by serology is recommended (4). In our case, there were no atrophic changes; therefore, we considered that to re-evaluate the absence of H.pylori infection by serology in this patient was not necessary.
- On the other hand, the prevalence of H.pylori is estimated as over 90% in normal population in our country. We do not eradicate H.pylori in those patients unless there is an organic pathology such as gastritis documented by endoscopy and proofed by histopathologic examination. According to the policy of our institution, we use 13C-urea breath test, serologic blood tests, and stool antigen test as non-invasive examinations to detect the presence of H.pylori when endoscopy is not necessary, whereas a combination of rapid urease test and histopathologic examination with H&E and modified Giemsa stains is used in patients undergoing endoscopy. Based on the recent literature (1), the latter two techniques are sufficient to reveal the presence of H. pylori, especially in patients undergoing endoscopic examination. For this reason we did not initially apply 13C-urea breath test and blood serology in this patient.

Minor:
- Since the patient presented in our report was treated almost one year ago, the additional tests recommended by the reviewer would not be appropriate to re-evaluate the absence of H.pylori at the present time.
- Although it was stated in our previously submitted article that the histopathologic examination and the rapid urease test had been done in the samples taken from both the antrum and the corpus, we re-wrote this part by separate sentences in details in the revised version of the manuscript as recommended by the reviewer.
Prevalence of H. pylori infection in gastric hyperplastic polyps was reviewed in the revised version of the manuscript.

References:


Reviewer 2 (Murat Alper):

- We are grateful to the reviewer for his consideration of our paper as an acceptable one for publication in BMC Gastroenterology after appropriate revisions.
- Since the reviewer found abstract, background, case presentation, and figures sections of the manuscript satisfactory, these parts were not changed except minor revisions recommended by the other reviewer.
- The number of references was diminished by deleting some irrelevant ones. The paragraph explaining the relationship between hyperplastic polyp and gastric cancer was shortened and the relevant references were also deleted. However, a short section reviewing the relationship between H.pylori and hyperplastic polyps was added.
- On the other hand, our previously submitted article was prepared in March 2003 and submitted on 22 April 2003 to the journal. The article recommended by the reviewer was published in World Journal of Gastroenterology in March 2003; therefore, we could not find an opportunity to benefit this article during that period. However, we found this article worthy and added it to the references of the revised version of the manuscript.
- In the references section, journal titles were written in italic type as recommended.