Author's response to reviews

Title: The Prevalence of Gastro-Esophageal Reflux Disease and Esophageal Dysmotility in Chinese Patients with Idiopathic Pulmonary Fibrosis

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Author's response to reviews: see over
Reviewer’s report 2
Title: The Prevalence of Gastro-Esophageal Reflux Disease and Esophageal Dysmotility in Chinese Patients with Idiopathic Pulmonary Fibrosis
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Reviewer: Fernando Herbella

Reviewer’s report:
The authors did not acknowledge the possibility of GERD due to an increased transdiaphragmatic pressure gradient. They assume GERD occurs only due to a defective barrier. This may not be true in patients with pulmonary diseases as shown by the own results of the manuscript.

Thank you for your suggestion. We acknowledge this point and have adjusted in the paper.

For several decades, esophageal specialists have postulated that the altered respiratory mechanics in patients with end-stage lung disease may cause the reflux. Specifically, increases in positive intra-abdominal pressure and negative intrathoracic pressure (with a corresponding increase in the transdiaphragmatic pressure gradient) could cause a gradient favoring reflux [23,24].


The manuscript, after revision, became too long, confusing, discuss unrelated topics and language is really poor.

Since this paper is likely to be read by pulmonologists (perhaps more pulm than gastro), pulmonologist readers may want to see the correlation between pulmonary function (both FVC and DLCO), cough and esophageal parameters (motility and reflux). So it seems too long and discuss unrelated topics after revision.