Author’s response to reviews

Title: i-Scan detection of minimal change esophagitis in dyspeptic patients with or without Gastroesophageal Reflux disease.

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Dear editor,

We have revised our manuscript according to the suggestions of the reviewers. And we have addressed the questions of the reviewer as the followings.

Major points.

1. We did interim analysis comparing HD and SE in 89 patients and found that SE was statistically superior to HD in detecting MCL ( Netinatsunton N, et al. Gastrointest Endosc 2012; 75 ( 4S ) AB 210. ). So, we drop the analysis for HD in our final report. We agree that by using the HD imaging to detect MCE may result in missing some lesions leading to inferior outcome compared with SE.

2. All the endoscopists were blinded to the results of each other and we have added this statement in the methodology section. We did not make the decision at the time of the endoscopy because our study of inter-observer variation ( Sottisuporn J, et al. Gastrointest Endosc 2012; 75 (4S ) AB 485. ) showed a high variation, so in order to minimize this variation we use the agreement of two endoscopists to make the final endoscopic diagnosis of MCE.
3. We have added the discussion regarding the Positive Predictive Value of our study compared with the study of Rey JW, et al., 2014 as suggested.

4. We did not plan to compare the endoscopic findings to histology. Our aim is to use the 24 hours pH monitoring as a standard tool to diagnose GERD. So, we cannot assess the accuracy of i-scan compared with histology.

5. To the best of our knowledge, we are not aware of any published data regarding the clinical correlation between minimal changes and disease behavior or response treatment as well as the cost benefit. Our study did not assess these aspects.

6. We do not have any data supporting the impact of detecting minimal change by endoscopy on the management of the patients. Our study showed a low sensitivity of MCE in the diagnosis of GERD in dyspeptic patients so the MCE has a little role for individual management in our population.

Minor points.

1. We have added a table of exclusion criteria as suggested. We did not exclude patients with an axial hernia.

2. Since we recruited patients with dyspepsia and the majority of the patients were functional dyspepsia with female predominant is a common finding. (Mahadeva S, Goh KL. World J Gastroenterol 2006; 17: 2661-6., Koloski NA, et al. Am J Gastroenterol 2002; 37: 917-23.)

3. We have revised the name of the first author the name of the reference 23.

   The format of the manuscript has been revised to conform to the requirement of the journal.

   The English language in the manuscript has been proofed by Mr. Glenn Shingledecker, International Affairs Offices, Faculty of Medicine, Prince of Songkla University.