Author's response to reviews

Title: The prevalence of gastric heterotopia of the proximal esophagus is underestimated, but preneoplasia is rare - correlation with Barrett's esophagus

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Author’s response to reviews:

Madame, Sir,

We thank the reviewers for their thoughtful comments. We have amended the manuscript as follows. New text is in red fond.

Reviewer 1

An EGDS was performed in 372 patients, but the text never explains the total number of patients with biopsies also. Particularly, the authors specify the number of "IP" biopsies (46), the number of gastric biopsies (277). They also write the number of patients with normal finding of upper gastrointestinal tract (201). I suggest the authors to add this information (total number of patients biopsied) in order to more precise.

Reply:

The following sentences were added to Results:

There were 277 patients with a complete set of biopsies from the gastric antrum and corpus, and, if endoscopically detected, from IP. The prevalence of IP in this subgroup was n= 43 (15.5%) by endoscopy, and n=36 (12.9%) confirmed by histopathology. In gastric biopsies, Helicobacter pylori bacteria were detected in n=45 (16%).
Comment: As there were few patients with IP biopsies, but no gastric biopsies, the total number of patients biopsied would represent not an adequate denominator to estimate the prevalence of IP. Using this denominator would overestimate the prevalence.

Furthermore, patients without visible IP did not undergo biopsies from the upper esophagus. Therefore, we added the above-mentioned numbers, which represent the cases with gastric biopsies. From this calculation, we excluded cases with contraindication against any biopsies.

- I invite the authors to underline the discrepancy between endoscopic and histologic results.

The first sentence of "background" (line 69) gives the definition of IP, as a islands of gastric mucosa in the proximal esophagus. The gastric mucosa consists in a columnar epithelium, by definition. Consequently, a definition of endoscopic IP presents many limits.

In fact only 40 out the 46 cases biopsied presented gastric mucosa. This aspect underlines the difficulty to give a real endoscopic diagnosis of IP. I invite the authors to explain a little bit more this aspect, especially because they explain the difficulty to take biopsies from the proximal esophagus.

In the "Discussion" the authors underline a prevalence of 14.5% of endoscopic IP. It could be interesting to add also the histologic prevalence of IP, in order to give another information and to underline the differences between these 2 data.

Reply:

The following sentences were added to the Discussion:

Endoscopic diagnosis of IP was confirmed by histopathology in 87%, which reduces the prevalence of IP to 12.6% as calculated for the whole study sample, or to 12.9% as counted in the subgroup of cases with a complete set of biopsies from stomach and esophagus. The most probable explanation for cases with endoscopic diagnosis of IP, but without histological confirmation, is unsuccessful targeting of the biopsy to a very small IP.

- At line 85, the authors could mention "Correa cascade".

Correa cascade was added

Reviewer 2:

I have some concerns about the year in which the study was conducted (2002), even if some studies have demonstrated that the reported rate has not increased with the use of fiberoptic endoscopes and videoendoscopes (I suggest to cite them).

Reply:
As mentioned in the Methods section, we used videoendoscopes, not fiberoptic endoscopes. For the comparison of standard videoendoscopes with advanced video-endoscopy, we added the following sentence in the Discussion section. This sentence refers to an additional literature reference.

However, Vesper et al. found a high prevalence of IP (13.3%), which was comparable and not significantly different among standard definition videoendoscopy (12.7%), high definition endoscopy (14.4%), and narrow-band imaging (14.2%).

There are some typos (in line 75 parenthesis is not closed, scatter diagram) so I suggest to check the text again.

Reply:

Thank you, we corrected as proposed.

Kind regards

Ulrich Peitz