

September 17, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5432-edited.doc).

**Title: The assessment of proximal gastric accommodation in patients with functional dyspepsia**

**Author:** Paola Iovino, Antonella Santonicola, Carolina Ciacci

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 5432

The manuscript has been improved according to the suggestions of the reviewers:

Revision has been made according to the suggestions of the reviewers.

**1) The authors raise a valid & relevant point**

We are grateful for the reviewer's comments and suggestions

**2) Please clarify this: "not enough to prove a clinical impact of this methodology in predicting FD"**

The Authors in the Core Tips declared "*Therefore, the ultrasound measurement of gastric area and volume could help predict functional dyspepsia.*" In the letter, the text was made clearer and amended to "as the Authors suggest in the Core Tips of the study".

**3) Xiu-Ping Fan et al have used the Rome III criteria for FD**

The reviewer is correct. Xiu-Ping Fan et al have used the Rome III criteria for diagnosis of FD.

**4) It seems to me that the study of Xiu-Ping Fan et al merely deals with the role & use of US in FD, and not a co-relation to symptoms**

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The reviewer correctly pointed out that the aim of the study of Xiu-Ping Fan et al was to investigate the usefulness of US, including 2DUS and 3DUS in the measurement of

**proximal gastric accommodation disorders in patients with FD compared to healthy controls.** Previous studies demonstrated that several pathophysiologic mechanisms such as impaired proximal gastric accommodation, delayed gastric emptying, and visceral hypersensitivity have been involved in the pathogenesis of FD. In our opinion, the Authors' statements such as *"Therefore, the ultrasound measurement of gastric area and volume could help predict functional dyspepsia"* in the Core Tip , or in the Introduction section *"The impairment of proximal gastric accommodation has been found in 40% of patients with FD[3]. Hence, it is likely that FD can be diagnosed through the recognition of impaired gastric accommodation "*or *"In conclusion, the impaired gastric accommodation to a test meal was present in patients with FD"* should be taken with a degree of caution, as the isolated significant lower gastric area and volume in FD compared to HC is not enough to prove a clinical impact of this methodology in diagnosing FD. There is still room for other questions: Are lower proximal gastric area and volume also present in different diseases? Is further evaluation of the distal gastric volume that has been previously involved in the origin of functional dyspeptic symptoms desirable? Hence, impaired gastric accommodation does not serve as a clear marker of the cardinal symptoms experienced by patients with functional dyspepsia in daily life. **Further prospective studies are needed to establish its clinical role in diagnosis of FD.**

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Yours Sincerely,

Paola Iovino

A handwritten signature in black ink, reading "Paola Iovino". The signature is written in a cursive, flowing style with a large initial 'P' and 'I'.