

REPLY TO REVIEWERS CONCERNS

Name of journal: *World Journal of Gastrointestinal Endoscopy*

MANUSCRIPT: 12856

First reviewer's comments followed by our response

1. Excellent review about this interesting subject. Please complete the last reference (111)

RESPONSE

- a. **Many thanks for the kind words.**
 - b. **Reference 111 has been completed.**
2. Rahman et al. have written a review on the use of gastroscopy in pediatric patients. The manuscript is well written, but have some draw backs. Major concerns: There are no photos or figures in the review making it a bit uninteresting for the reader. Minor concerns/questions: Abstract: This is not a chapter, but a review article!?

RESPONSE

- a. **Abstract – word ‘chapter’ changed to ‘review article’**
 - b. **Fully agree with the reviewer, an absolute valid point. I have therefore added a number of these including one which fascinated all of us of a child having swallowed a plastic spoon in the stomach (Found on endoscopy). Nine figures (Figure 1 - 9) have been added to the manuscript.**
 - c. **The authors have seeked and granted permission by PMPH-USA International Medical Publishers for using Figures 4,5,6,8&9 for publication in this manuscript. I have full agreement for publication by the World Journal of Gastrointestinal Endoscopy. These figures had been used in my chapter published in the textbook of Pediatric Gastrointestinal Diseases. The publishers have asked me to simply acknowledge this in the manuscript and I have therefore added a new section of Acknowledgement saying the same. This is just before the REFERENCES section.**
3. The topic is interesting for gastroenterologists who deal with adult patients. However, the paper is well written and too long (6,700 words). The authors are merely reporting what are available in the literature without providing any expert insights or opinions in therapeutic endoscopy in the paediatric population. The authors also go into too details on the principles of certain procedures (too basic; i.e. PEG insertion, heater probe coagulation etc..) when brief description will be

adequate. Furthermore, the authors often refer to their own practice which may not necessarily be the standards.

RESPONSE

- a. The heater probe coagulation and PEG insertion perhaps basic for some of the adult readership is not basic for paediatric gastroenterologists. As said, the focus is to primarily appeal to paediatric gastroenterologists and then of course the wider readership which ranges from most experienced to trainees. I feel that the adult gastroenterologists will find it interesting with respect to use of these procedures in paediatric practice.

I will emphasize that this review article has been written focusing on the paediatric gastroenterology and the general World Journal readership in mind. This is because there is almost nothing on the subject in paediatrics. I am however also conscious of appealing to the wider audience not only for reading, interest but also for citation purposes.

The comment regarding using and referencing standards is not relevant to paediatric practice. This is simply as there are NO 'Standards in interventional endoscopy in paediatric gastroenterology'. Therefore this chapter fills a void in publication.

The reviewer is right to point out that many of these practices are not set in stone. In the absence of standards we have therefore stuck to stating evidence basis, and at places extrapolating adult practice and then of course using experience and anecdotes from our own practice (3 teaching hospitals in UK and authors previously published on the subject of Pediatric Interventional Endoscopy in the biggest reference for paediatric gastroenterology - Walker's Textbook of Pediatric Gastroenterology). As practices are not set in stone it becomes important to relate to experience and anecdotes which also makes the article interesting. Importantly where used though, this has been specified and clearly stated, giving the reader an option to use or NOT use them.

- b. I have gone through the manuscript a few times, discussed it with the co-authors and we all are concerned that any shortening of this article will make it less readable and more so the article will lose its message. We don't wish to shorten simply for the sake of doing so. In-fact we all feel that the length and detail is actually strength of the article especially considering there isn't much in the literature on the subject.

Importantly, NO concerns regarding the length of the article have been raised by the other expert peer reviewers.

For these many reasons, and going with the majority view I have not shortened the article.

4. Formatting queries in the manuscript

RESPONSE

- a. Running Title added
- b. Affiliation 3 – department added
- c. Keywords added
- d. Core-tip added
- e. Changed to square brackets in superscript
- f. References styles changed – addition of Pubmed and DOI Citation numbers
- g. References updated with a complete authors list