

Comments to reviewers

Dear Editor,

Thank you for your consideration of our manuscript entitled "Paediatric Digestive Endoscopy: From Conventional Endoscopy to Endoscopic Ultrasound and Endoscopic Retrograde Cholangiopancreatography".

In response to the valuable reviewers' suggestions, this is our reply:

Reviewer #1:

- 1- This is a mini-review on the role of endoscopy in pediatric patients from conventional gastroscopy to endoscopic retrograde cholangiopancreatography. The abstract does highlight the role of endoscopy both diagnostic and therapeutic in the pediatric population and the fact that there are not many specialist that are trained to perform this procedure. The introduction is well written and the importance of performing an endoscopy in the pediatric patient, especially its diagnostic and therapeutic indications. The discussion section does highlight the importance of sedation when performing endoscopic procedures and there is no specific type of sedation that can be used for these patients. The indications for performing an esophagogastroduodenoscopy in the pediatric patients especially the diagnostic and therapeutic indications is clearly explained. The indications for colonoscopy are explained and the difficulty of performing bowel preparation is highlighted with no clear bowel preparation agent that is suitable in this population. The problems that may be encountered when performing a colonoscopy are highlighted and the need for suction and irrigation especially if the bowel preparation is not adequate. The use of sedation when performing a colonoscopy is also important in the pediatric population. The role of endoscopic ultrasound and endoscopic retrograde cholangiopancreatography is clearly explained including the indications and the complications that can occur in these patients especially the risk of acute pancreatitis and perforation of the duodenum. The conclusions of this mini-review does highlight the importance of endoscopy procedures in the pediatric patient and the importance of training that is required to safely perform these procedures. The important therapeutic indications like removal of foreign bodies especially from ingested batteries, etc are important hence a knowledge of performing an esophagogastroduodenoscopy and removing the object is important. The references are recent and are in the correct format. The tables and images are also correct and clear and easily seen.**

Thank you for your comments.

- 2- The areas that can be improved include the introduction where the indications for endoscopy can be explained further and the discussion section can be also improved by adding on the general availability of endoscopic surgeries for the pediatric population.**

Thank you for your comments. The indications are numerous and varied, which is why we prefer to detail them later in each paragraph and in Table 1.

Concerning the general availability, I added a paragraph in Features of gastrointestinal endoscopy in children and this sentence to introduction: In addition, only some units can propose pediatric endoscopies due to a lack of pediatric endoscopists or experts in pediatric procedures.

3- The references can also be improved by adding some more current references.

Thank you for your comments. A few recent papers address pediatric GI endoscopy practices, and we have included the most relevant ones.

Reviewer #2:

- 1- Title of research Pediatric Digestive Endoscopy: From Conventional Endoscopy to Endoscopic Ultrasound and Endoscopic Retrograde Cholangiopancreatography Research type: mini-review article Response of reviewer This is an important and useful paper concerning pediatric digestive endoscopy. It enlightens gastroenterology clinicians about progress in the field of diagnostic and interventional endoscopy for an important sector of the population related to GI disorders in children, which need experts in this field to deal with this critical age group. The manuscript clarified the present status of GI endoscopy in children and how to apply methods of endoscopy in adults and modify it to be suitable for the young. NB: changes and comments have been made on the PDF article contained in the sticky note form, just a touch on it, comments will appear.**

Thank you for your comments. I have corrected all the points you suggested

- 2- Title: unify pediatric. Represents the aim of this mini-review. Alternative shorter title is "New era in the field of pediatric digestive endoscopy"**

Thank you for your comments. The title has already been validated by the editor, so we cannot change it without their permission.

- 3- Abstract: reflects the main theme of the paper. 3. Keywords: complies with the core of the text. 4. Introduction: one note. 5. Features of gastrointestinal endoscopy in children: six sticky notes to be considered. 6. Esophagogastroduodenoscopy (EGD): one note in obese children. 7. Enteroscopy: nil. 8. Ileocolonoscopy: two notes, locate figure 1 after table 1. 9. EUS in children: two notes, locate figure 2 after solid, cystic pancreatic lesion. 10. Endoscopic retrograde cholangiopancreatography in children (ERCP): two simple notes.**

Thank you for your comments. I have corrected all the points you suggested.

- 4- Pediatric interventional endoscopy: reference number one has been cited 17 times, around four times is suitable, seek other new references or omit reference 1 if feasible.**

Thank you for your comments. Reference 1 is the latest guideline from the European Society of Gastrointestinal Endoscopy (ESGE) and the European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) for pediatric endoscopy. It is a high-quality paper covering all aspects of different endoscopic procedures, and we compare it with several other articles. However, we have omitted it in some paragraphs.

- 5- Another note regarding role of therapeutic EUS in children, what was mentioned was for adults. 12. Conclusion: adequate.**

Thank you for your comments.

- 6- Acknowledgements: should include those who support and assist manuscript production other than the authors. What was mentioned should be located under authors contribution. Define the role of every author.**

Thank you for your comments. I have corrected all the points you suggested.

- 7- References: well chosen, but mention only the first six authors followed by et al.**

Thank you for your comments. We used Zotero for references, following the citation style recommended by WJG

- 8- Figures: as far as a figure of colonoscopy is included, add another figure of upper GIT endoscopy in a child, diagnostic or therapeutic. The second figure lacks age of the female patient. 16. Table 1: well done.**

Thank you for your comments. We have added another figure for upper GI and included the age in Figure 2.

- 9- English text: informative, cited paragraphs should be expressed by own author English language while maintaining the core idea of the cited paragraph. Kind regards, wish you the best**

Thank you for your comments.

We hope that our response is satisfying the raised points of the reviewers, thanks again for reviewing our manuscript, best regards.