

March 23rd, 2015.

The Editors,
WORLD JOURNAL OF GASTROENTEROLOGY

Dear Sirs,

Re: Manuscript entitled: EXCLUSIVE ENTERAL NUTRITION IN CHILDREN WITH CROHN DISEASE

We thank you for your email dated March 17th, 2015, along with the comments from the three reviewers. We thank the reviewers for their very helpful comments, and wish to comment on these in a point by point fashion. We have incorporated these suggestions into a revised manuscript (labelled **R1**) as attached. Changes have been placed in red text.

Specific Responses to Comments from Reviewer 1

We thank the Reviewer for their positive comments.

Specific Responses to Comments from Reviewer 2

Comment 1: We thank the Reviewer for their comments regarding the assessment of growth and nutritional status in children with CD. We have extended several sections of the text to expand these aspects

Comment 2: This manuscript focused upon the role of exclusive enteral nutrition. There are extensive reports on the role of diet in the aetiopathogenesis of CD and recent studies showing that dietary components may play roles in symptoms in individuals with longstanding CD (such as diets to reduce FODMAP intake in the management of irritable bowel symptoms in someone with CD). We did not

feel, however, that this current manuscript should be extended to include this broad field.

Comment 3: We have commented briefly about the relevance of peri-operative nutrition.

Comment 4: As suggested we have added additional text to comment on practical aspects of EEN in children.

Specific Responses to Comments from Reviewer 3

Comment 1: As implied by the Reviewer, the definition of mucosal healing in Crohn disease remains somewhat controversial. Whilst as the Reviewer states, mucosal healing is usually seen as the resolution of endoscopic ulceration and not histological remission (deep remission), the data to date suggests that mucosal healing defined as endoscopic resolution leads to significant changes in the disease course thereafter (less admission, less complications etc). One would hypothesize, based upon the pattern of transmural involvement in Crohn disease, that the attainment of deep remission would have even more meaningful outcomes. Extensive discussion on mucosal healing and deep remission is beyond the remit of this manuscript. However, we have modified the relevant section of the manuscript to extend this a little further.

We look forward to your assessment of this revised manuscript.

Sincerely yours,

Andrew S Day

Editorial Board ID# 00503587