

Dear editor,

Thank you for your comments. We have addressed all of them.

Reviewer 1

Endoscopic Dilation in Crohn's Disease In this retrospective study, the authors aimed to evaluate the incidence of anastomotic strictures after intestinal resection in CD (Crohn's Disease), demonstrate long-term efficacy and safety of EBD in CD strictures and its impact on the diagnosis of subclinical postoperative endoscopic recurrence. 162 CD patients including anastomotic and non-anastomotic strictures were included in the study. In the study 43 patients with anastomotic strictures and 37 with non-anastomotic strictures underwent EBD; technical success was 97.7% and 100%, respectively, however, 63% and 41% needed repeat dilation during the 4.4-year follow-up. The authors have concluded that EBD is an effective and safe alternative to surgery, with a good short and long-term outcome, postponing or even avoiding further surgery. The figures and the tables are all appropriate. This study is a good work that can be published with minor language improvements.

Response: Manuscript language was again revised by a native English speaker.

Reviewer 2

In the retrospective clinical study the power of endoscopy balloon dilation (EBD) is addressed. The authors demonstrate that EBD is a safe alternative to surgery and good outcome.

Comments

1. The conclusion, EBD allow to diagnose disease recurrence in patients with no clinical signs / biomarkers of disease activity is speculative and not substantiated by the data presented. The conclusion should be given with more caution.

Response: The conclusion was given with more caution. Please see Abstract conclusions ("EBD may allow to diagnose disease recurrence in patients with no clinical signs/biomarkers of disease activity") and Page 15, last paragraph ("Considering that a significant number of patients with significant

strictures remain asymptomatic with normal biomarkers, and the fact that the disease continues to evolve proximal to the strictures, we believe EBD should be considered for all strictures not transposable by a colonoscope, regardless of the presence or absence of symptoms, in order to adjust treatment in an attempt to alter the natural history of the disease”).

2. Anastomotic strictures: the diagnostic criteria for anastomositis versus Crohn's disease should be given in detail.

Response: All our patients had previous CD diagnosis. As stated in the inclusion criteria, definitive diagnosis of CD was established by clinical, radiographic, endoscopic, and histological criteria and previous surgery and surgical pathology. All patients who had disease activity of the neoterminal ileum were evaluated according to the Modified Rutgeerts' score. We do not believe this comment requires changes to the manuscript.

Reviewer 3

Double balloon enteroscopy (DBE) is advanced intestinal examination and treatment methods, that is currently promoted for intestinal Crohn's disease. This study mainly supports enteroscopy dilatation through comparing application effect for DBE dilatation and surgery in Crohn's disease, So this study has important clinical significance. But there are still some problems as follows:

(1) The research content is not very new, and we should increase the number of cases.

Response: This study was based on prospectively collected data during the study period (until February 2015). After February 2015, data were no longer collected prospectively. Besides, to assess the long-term efficacy of EBD, we intentionally wanted a long-term follow-up since last dilation, being that the reason why we decided to end the study in 2015.

(2) The risk factors include age, smoking, drug treatment and so on, they can influence the outcome of dilatation, so the topic should reflect this part content.

Response: This was already stated previously (“Escalation of medical therapy did not decrease the need for repeat dilation; no other risk factors were found to influence need for repeat dilation”). Risk factors evaluated are now specified (gender, age, Montreal classification, perianal disease, smoking

habits, previous medical therapy, presence of obstructive symptoms, serum/fecal biomarkers). A similar sentence was added for non-anastomotic strictures.

(3) As to the use of statistical methods, because many factors may influence the outcome after surgery and dilatation, I think the best way is Logic regression analysis. In addition, we can analysis some indexes including complication, the first expansion of the time interval, the survival rate and so on between intestinal strictures treated by enteroscopy expansion and surgery in CD in order to highlight the advantages of double balloon-enteroscopy expansion.

Response: As stated in the methods section, logic regression analysis was the statistical analysis performed. The purpose of this paper was not to compare EBD with surgery. Our aim was to evaluate safety, efficacy and clinical impact of EBD. Besides, adverse events and time between dilations are already described in our paper.