

## ANSWERING REVIEWERS

September 12, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 4143-review.doc).

**Title:** Safety and utility of capsule endoscopy for infants and young children

**Authors:** Manari Kawamoto, Tsuyoshi Sogo, Takeshi Yamaguchi, Tomoyuki Tsunoda, Takeo

Kondo, Haruki Komatsu, Ayano Inui, Tomoo Fujisawa

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

**ESPS Manuscript NO:** 4143

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

1. Format has been updated.
2. Revisions have been made according to the suggestions of the reviewers.

(1) Reviewer #02441176:

(Comments of Reviewer #02441176)

Very well thought study and useful to the Paediatric Gastroenterology group of readers. Statistics used are also appropriate. Authors have also shown that the procedure can be used for those who are very young and small (weight) and yet remained safe to perform. Interestingly, can the author elaborate or show whether is there any literature, evidence or discussion shown where should there be an incident of retention of capsule in those who are very small and young group, what would the intervention or action taken by the clinician?

(Answers to Reviewer #02441176)

We are grateful to Reviewer #02441176 for the encouragement and commendation of our manuscript, as well as for the useful comments, which have helped us improve our paper. The retention of the capsule after capsule endoscopy is a major concern not only for adult

patients but also for children. There are few reports focusing on capsule endoscopy in infants and young children. Fritscher-Ravens et al. reported that no capsule retention was observed among 83 children younger than 8 years of age in a European multicenter study. Fortunately, we did not experience any complications of capsule endoscopy, including capsule retention, in our patients. If capsule retention were to occur, we would attempt to remove the capsule by double balloon endoscopy or by surgery if double balloon endoscopy could not be performed. We believe that it is essential to obtain informed consent in advance in such cases. We have added a discussion of these points to the manuscript (page 12, lines 20-21 and page 13, lines 6-8).

(2) Reviewer #00070143:

(Comments of Reviewer #00070143)

It is nice retrospective observational study. Methodology is not right. The title of study "capsule safety of infants and young children". However, it is not clear, how many patients included above >13 years-old in group B. I think it is better to exclude all patients above 13 years-old. Because 21 years-old patient is adult not young children. If they revised the study according this, it can be acceptable.

(Answers to Reviewer #00070143)

We are grateful to Reviewer #00070143 for the commendation of our manuscript and for the useful suggestions, which helped us improve our paper. We changed the title of our paper. Concerning the definition of childhood, we are aware of several definitions of this term: patients < 13 years old, patients < 15 years old, and patients < 18 years old have all been classified as 'children' in various reports. Because the Ministry of Health, Labor and Welfare of Japan (MHLWJ) has designated patients below 18 years of age as eligible to receive support for chronic pediatric diseases under the 'Medical Aid Program for Children with Chronic Pediatric Diseases of Specified Categories' (please refer to *Pediatrics International* [2008] 50, 376-387), we would like to include all patients < 18 years of age in our manuscript. Because 21-year-old patients should be considered adults, as the Reviewer noted, we excluded the 21-year-old patient from our study. Furthermore, we added a table that shows the age distribution of the patients in our study (Table 2) and addressed this point in the text (page 7, lines 6-7).

(3) Reviewer #00037816:

(Comments of Reviewer #00037816)

Major comments The number of patients is so small, and authors compared the two groups. But those two groups are totally different such as age and weight. It does not make sense to compare those two groups. Minor comment Table 2 is so busy. It is not necessary.

(Answers to Reviewer #00037816)

We are grateful to Reviewer # 00037816 for the critical comments and the useful suggestions, which helped us improve our paper. As the Reviewer notes, the number of patients in the study was small, and there might be no advantage in comparing the two groups to identify significant differences in age and weight. However, the number of pediatric patients who undergo endoscopy is far smaller than the number of adults, and there are few studies regarding the safety and utility of capsule endoscopy in infants and young children. We believe that our study will encourage pediatric endoscopists to perform capsule endoscopy more frequently in infants and young children who cannot swallow the capsule. In fact, we are planning a multicenter study of pediatric capsule endoscopy in Japan. We have added a discussion of these points to the manuscript (page 13, lines 10-16). According to the Reviewer's comments, we simplified Table 2 (this table has been renamed Table 3 due to the addition of another table).

3. References and typesetting were corrected.

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

Sincerely yours,

A handwritten signature in dark ink, reading "Manari Kawamoto". The signature is written in a cursive, flowing style.

Manari Kawamoto, MD

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