

Dear Editor

All suggested changes here are highlighted in yellow in the text.

1. Page 3, last paragraph (A cross-sectional study has demonstrated that proximal CD....): add references supporting the statements.  
A: The reference was added.
2. Page 4, last paragraph: What does “HED” stand for?  
A: Upper digestive endoscopy (UDE). HED was wrong.
3. Page 7, first paragraph: Is still barium follow-through the recommended diagnostic technique or should it be MRI?  
A: Yes. The radiological study of the esophagus was widely used as a method of diagnostic evaluation, but after the advent of digestive endoscopy, its use is reserved in cases in which fistulas or stenoses are suspected. Data on imaging in esophageal CD is sparse and sizeable series are lacking.
4. Page 9, aminosalicylates are not “activated” but released in the proximal intestine.  
A: Data has been corrected.
5. Page 10, not “stanting” but “stenosing” disease.  
A: Data has been corrected.
6. Page 10, treatment of esophageal CD: would the authors recommend other therapies in those not responding or loosing response to anti-TNFs? There is no evidence but a comment may be worth.  
A: Suggestion accepted. We included the information.
7. Page 12: the first choice examination to diagnose a gastrocolic fistula is not a barium enema but MRI.  
A: We added information about MRI accuracy in detecting internal fistulas.
8. Page 12: enanthem??? Do you mean erythema?  
A: Yes. Data has been corrected.
9. Page 14: the information of the prevalence of granulomas is repeated in the frist two paragraphs.  
A: Suggestion accepted. We maintained only the prevalence data of granuloma in the upper gastrointestinal tract.
10. Page 15: What is the meaning of “patients with UA”?  
A: Data has been corrected. The correct is ulcerative colitis (UC).
11. Page 17: the paragraph on the influence of H pylori on risk of CD does not belong to the section of histology, not even to this manuscript focused on UGT CD, since it does not contain any specific information on UGT CD.

A: Suggestion accepted. The paragraph was excluded.

12. Page 19, first paragraph: use the correct terms for: steroid-free remission, steroid-dependent, steroid-resistant.

A: Data has been corrected.

13. Page 19: please check the percentages / number of cases reported in the second paragraph

A: Data has been corrected.

14. Page 19 last line: do you mean length less than 4 cm?

A: I did not identify this information in the last line of page 19.

15. Page 20: in the first paragraph the authors should report on the success rate of endoscopic dilatation of UGT strictures. If information is not available this should be mentioned, but extrapolation from intestinal disease is not correct.

A: We have added the technical success rates reported in the Guo et al article and extracted data from the systematic review by Hassan et al.