

Thank you for the revision and the acceptance to publish our review in WJCC.

I will list below the modifications that we made in the text (marked with red color):

1. We specified that the 'brain-gut axis' is a bidirectional circuit of communication between the gut and the brain.
2. We excluded the words 'top-down model'
3. We corrected the words 'syndrome', 'meta-analysis', 'malabsorption'.
4. We mentioned that a very recent meta-analysis found post-traumatic stress disorder (PTSD) to be a significant risk factor for IBS (pooled odds ratio 2.80, 95% confidence interval: 2.06 to 3.54, $P < 0.001$). Citation: ncbi.nlm.nih.gov/pubmed/30144372.
5. We mentioned that diet has been shown to play an integral role in triggering symptoms with approximately 60% of IBS patients claiming that certain foods exacerbate their symptoms (citation: ncbi.nlm.nih.gov/pubmed/19521341).
6. We changed 'IBS is a lifelong condition' to 'IBS is often a chronic condition'
7. We added a discussion section and a table summarizing the available studies investigating the effectiveness of low-FODMAP diet on IBS symptoms in children.
8. We added in the discussion section that much is still to be learned regarding the influence of fermentable carbohydrate restriction on the gut microbiota in IBS. Resistant starch, non-starch polysaccharide, polyphenols and oats are not restricted on the low FODMAP diet, and these dietary constituents remain relatively undigested in the gut and have been linked with favourable effects on the gut microbiota and IBS symptoms (citation: ncbi.nlm.nih.gov/pmc/articles/PMC6210149 and ncbi.nlm.nih.gov/pmc/articles/PMC4365176).