

Dear Editor,

Thank you very much for your kind response and worthy comments on our manuscript. We tried to make corrections according to your suggestions. All corrections were made and indicated in red text in the manuscript according to your suggestions.

Yours faithfully,

Associate Professor Yasin Sahin

Reviewers' Comments:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: none

Comments:

Thank you very much for worthy comments.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: In this article, the author presents a review of the extensive literature on celiac disease in children. My criticism is minor.

Comments 1: In abstract „ Serologic tests for celiac disease should be done in patients with...., add also „in children who belong to specific groups at risk...

Response 1: According to your suggestion, the sentence is corrected as the following.

"Serologic tests for celiac disease should be done in patients with.... **and in children who belong to specific groups at risk.**"

Comments 2: Sentence „Symptoms usually occur after ingestion of gluten containing grains between 4 and 24 months,, should be changed in „ „Symptoms usually occur in children between 4 and 24 months, after ingestion of gluten containing grains,, to avoid misunderstanding.

Response 2 : According to your suggestion, the sentence is corrected as the following.

“Symptoms usually occur **in children** after ingestion of gluten containing grains between 4 and 24 months”.

Comments 3: Author should make a difference between Non-responsive celiac disease and Refractory celiac disease, because in this content this difference is not clear. Causes of non-response CD include persistent gluten ingestion (the most common cause) and incorrect initial diagnosis, but in Refractory CD despite strict adherence to a gluten diet malabsorptive symptoms and villous atrophy have been persisting.

Response 3: According to your suggestion, The sections of refractory celiac disease and non-responsive celiac disease are corrected as the following.

Refractory celiac disease: It is characterized by the persistence of symptoms and intestinal villous atrophy despite a strict gluten-free diet for at least 12 months. **Generally, celiac antibodies are negative in most patients at the time of diagnosis, but the presence of high-titer antibodies does not rule out the refractory celiac disease. In all cases, dietary adherence should be carefully questioned.** It can cause complications such as ulcerative jejunoileitis, collagenous sprue, ...

Non-responsive celiac disease

It is defined by the persistence of GI symptoms more than 12 months despite a strict gluten-free diet. **The most common causes of non-responsive celiac disease are persistent gluten ingestion, and incorrect diagnosis (125,126).** It is needed to be differentiated from active celiac disease and other conditions associated with celiac disease.

Comments 4: In the part of Diagnosis the author made a mix between three policy statements - two by ESPGHAN (2012 and 2020) and NASPGHAN (2016). Every Statement is demanding by itself, but a combination of all of them makes this performance very complicated even for pediatric gastroenterologists. However, the author has a right to express his own opinion and it's his personal approach to this problem, not a policy statement.

Response 4: According to your suggestion, the part of "Diagnosis" is corrected and shortened, some sentences are deleted, then the references are re-organised. The figure is also corrected according to the ESPGHAN 2020 guideline.