ROUND 1

Dear Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

Re: Manuscript ID 70842

Please find attached a revised version of our manuscript “Therapeutic Endoscopy of a Dieulafoy Lesion in a Ten-Year-Old Female and Review of the Literature”, which we would like to resubmit for publication as a case report in *World Journal of Clinical Cases.*

We corrected the relevant sentences one by one according to the reviewer comments. The modification part is red font.

The revised manuscript was edited by International Science Editing again. We believe that it can meet the publication requirement (Grade A).

We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in *World Journal of Clinical Cases*..

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

Tengxu

Chenying

Sunmei

2021/10/28

Reviewer 1

If the authors can mention the points that they paid particular attention in the diagnosis and treatment in this child case, it is worth sharing worldwide.

Response: In this case ,we get two points:

First, DL, as a cause of life-threatening bleeding, is a rare occurrence in the pediatric population. However, pediatricians should be aware of it as a differential diagnosis of pediatric GIB.

Second , *endoscopy is still the primary diagnostic tool and the first-line method of treatment. Early diagnosis and treatment are of great significance for a good prognosis in children.*

Major comments

#1 The authors describe that a 10-year-old Chinese girl with a history of hematemesis was admitted. The information about “when” and “how often” need to be clearfied.

Response:We added the related content in the revised manuscript.

“The girl manifested with recurrent hematemesis 4-6 times 24 hours before admission, with no obvious regularity.”

#2 In case description, as the description about present history, past history, family history and physical information are mixed, it is hard to follow for readers.

Response:This is a very helpful comment, we rearranged the structure.Thank you very much.

#3 About laboratory data, “urea” is not common. “Blood urea nitrogen (BUN)” is familiar for all. In addition, the high level of BUN is very important signal for upper intestine bleeding as this case.

Response:Blood urea nitrogen (BUN) is very important in judging the condition of upper intestine bleeding. We emphasized this key indicator in the revised manuscript. Thank you again.

#4 The authors describe that abdominal enhanced computed tomography did not show any special abnormality, however, the findings that the stomach is full and there is the density difference of the contains should be never overlooked.

Response: Thank you for your constructive ideas. We consulted our imaging specialists, and corrected it as that “ Abdominal enhanced computed tomography showed that the stomach was visibly dilated and filled with fluid, and blood clots were visible” in the revised manuscript.

#5 The procedure of this case is questioned. The authors need to describe that the reason why the patient with hematemesis and melena was performed the gastric lavage, which is a risk factor for inducing re-hematemesis and not generally recommended. The evidences and the reasons for each procedure need to be considered and described rather than the usual endoscopic explanation with no novelty.

Response: According to the “Standardize the diagnosis and treatment of acute non-variceal upper gastrointestinal bleeding based on the update guidelines,Chinese Journal of Internal Medicine, 2019, 58(3):161-163”, 1:10000 noradrenaline and ice saline can be used for endoscopic hemostasis.

At that time,the girl had indwelling gastric tube drainage, and we only applied a small amount of noradrenaline and ice saline for hemostasis. After a brief attempt, the treatment was discontinued and endoscopic treatment was followed.

After this case, we realized that the gastric lavage has great risks,and we will carefully choose treatment options in the future.

THANK YOU FOR YOUR VERY IMPORTANT COMMENT!

Minor comments

#1 It is better that the laboratory data is organized in a table for readers.

Response: we used a table to show the laboratory data in the revised manuscript.(Table 1)

Table 1 Laboratory data

Item	Measured value	Range of normal value
white blood cell	12.7×10^9/L	$4–10\times10^9$/L
hemoglobin	7.8 g/dL	12–15.5 g/dL
hematocrit	22.25%	37%–47%
platelet count	134×10^9/L	$100–300\times10^9$/L
prothrombin time	15.3 s	9.4–12.5 s
international normalized ratio	1.4	0.8-1.2

fibrinogen	1.7 g/L	2–4 g/L
albumin	35.6 g/L	35–53 g/L
alanine transaminase	8 U/L	0–40 U/L
glutamic oxalacetic transaminase	14 U/L	5–34 U/L
Blood urea nitrogen	8.95 mmol/L	2.5–7.2 mmol/L
creatinine	40.1 umol/L	45–84 umol/L
creatine kinase	63 U/L	<145 U/L

Reviewer 2

This manuscript has the original findings. But it should be described how rare is DL in children, even though the treatment for DL is same as in adults. There are no literature review of DL in children. The authors should describe this issue in Introduction or Discussion part.

Response: We added the related content in the INTRODUCTION. Thank you for your helpful comment.

" DL is scarce and it is hard to determine its true incidence in children. We performed a literature search through PubMed, MEDLINE, and Embase search engines, using the MeSH terms Dieulafoy lesion, Dieulafoy disease, Dieulafoy ulcer, and caliber persistent artery. Only 26 case reports of pediatric DLs have been reported worldwide during the period 1995-2021, and there has been no literature review of DL in children. Early diagnosis and appropriate treatment are vital. DL must

be considered in the differential diagnosis of gastrointestinal hemorrhage of unknown origin not just in adults.. ”

ROUND 2

Dear Yun-Xiaojian Wu, Company Editor-in-Chief, Editorial Office Re: Manuscript ID 70842 Please find attached a revised version of our manuscript "Therapeutic Endoscopy of a Dieulafoy Lesion in a Ten-Year-Old Female and Review of the Literature", which we would like to resubmit for publication as a case report in World Journal of Clinical Cases. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Clinical Cases. We shall look forward to hearing from you at your earliest convenience. Yours sincerely, Tengxu Chenying Sunmei 2021/12/8

#The problem is that the guidelines differ from country to country, and it is the mission of World Journal of Clinical Cases to share them around the world. It is necessary to state that authors are treating with this case according to the guideline of their own country.

Response: we have added the relevant content in the revised manuscript, thank you for your constructive comment.

Arrows make it easier for the readers to understand the clots in CT.

Response: we have added the arrow in the fig.1 to show the clots in the revised manuscript.

Fig.2 is unclear and hard to see.

Response: We are so sorry about the quality of the Fig.2. The Fig.2 was shot emergently. At that time, the child's life was in danger, and we were anxious

to stop the bleeding under the endoscope. So we neglected the quality of the photo. Fortunately, we shot the typical picture of DL, albeit of a slightly poor quality. We went through all the photos of the procedure, and nothing was better. So we hope you can accept it and we will be more careful and rigorous in our future study. Thank you very much again.

The letters in the table need to be aligned.

Response: we have modified it according to your comments in the revised manuscript.