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

Baishideng Publishing Group Inc

World Journal of Gastrointestinal Endoscopy

Manuscript NO: 82415

Title: Causes of gastrointestinal bleeding in children based on endoscopic evaluation at a tertiary care center in Bahrain

Thanks for your kind comments and advises to improve the quality of our manuscript.

We accepted all the comments of the expert reviewers and attached below is the reply to the reviewer's comments point by point. We also included the required changes in the revised manuscript (Track changed).

Editor Comments	Authors reply
<p>We are pleased to inform you that, after preview by the Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 82415, Retrospective Cohort Study) basically meet the publishing requirements of the World Journal of Gastrointestinal Endoscopy. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.</p> <p>Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.</p> <p>Please follow the steps outlined below to revise your to meet the requirements for final acceptance and publication.</p>	<p>Thank you so much for preliminary accepting our study for publication in your esteemed journal.</p> <p>We really appreciate your precious time and great efforts.</p>
<p>1 MANUSCRIPT REVISION DEADLINE</p> <p>We request that you submit your revision in no more than 14 days. Please note that you have only two chances for revising manuscript.</p>	<p>We submitted the revised manuscript before the assigned deadline.</p> <p>Thank you.</p>



<p>2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT</p> <p>Please login to the F6Publishing system at https://www.f6publishing.com by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.</p>	<p>This step of revising the manuscript was done. Thank you</p>
<p>3 SCIENTIFIC QUALITY</p> <p>Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:....</p>	<p>This step was done. Please find the point-by-point response to each of the issues raised in the peer review report as a table inserted under each review comments. Thank you</p>
<p>4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH</p> <p>As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).</p> <p>Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.</p> <p>Once this step is completed, the manuscript will be quickly</p>	<p>Professional language polishing was done, and all errors were resolved. Moreover, the whole manuscript was sent to https://www.editage.com/ as per your kind recommendation for English revision by native English speakers before submission of this revision. Please find the attached English editing certificate. Thank you</p>



<p>accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.</p>	
<p>5 ABBREVIATIONS</p> <p>In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.</p> <p>The basic rules on abbreviations are provided here:</p> <p>(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.</p> <p>(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.</p> <p>(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).</p> <p>(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.</p> <p>(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)</p> <p>(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)</p> <p>(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)</p> <p>(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears</p>	<p>All the abbreviations used in the manuscript were defined upon first appearance and followed the listed rules.</p> <p>Thank you</p>



<p>in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.</p> <p>(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.</p>	
<p>6 EDITORIAL OFFICE'S COMMENTS</p> <p>Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:</p> <p>(1) Science editor: The manuscript has been peer-reviewed, and it's ready for the first decision. Language Quality: Grade B (Minor language polishing) Scientific Quality: Grade C (Good)</p> <p>(2) Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Endoscopy, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the</p>	<p>The manuscript was revised according to the Editorial Office's comments and suggestions.</p> <p>The original figure documents were prepared and arranged using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 'Copyright ©The Author(s) 2023' was inserted at the bottom right-hand side of the picture in PowerPoint figures.</p> <p>The standard three-line tables were provided.</p> <p>RCA was used to further improve an article.</p> <p>Thank you</p>



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<p>button in Step 5 and the F6Publishing system will automatically regenerate the Full-Text File, and it will be automatically stored.</p>	
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<p>8 COPYRIGHT LICENSE AGREEMENT</p> <p>All authors should accept and sign the Copyright License Agreement (CLA), following the link sent in individual emails to each author. After all authors have accepted and signed their respective CLA, the Corresponding Author is responsible for</p>	<p>The Copyright License Agreement (CLA) will be accepted and signed by each author once they receive the link via email. The corresponding author will download all the signed CLA and</p>



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<p>9 CONFLICT-OF-INTEREST DISCLOSURE FORM</p> <p>Please click and download the fillable ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of ‘Conflict-of-Interest Disclosure Form’.</p>	<p>The ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF) was filled and uploaded.</p> <p>Thank you</p>



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 82415

Title: Causes of gastrointestinal bleeding in children based on endoscopic evaluation at a tertiary care center in Bahrain

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03251421

Position: Editor-in-Chief

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Bahrain

Manuscript submission date: 2022-12-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-21 13:48

Reviewer performed review: 2022-12-26 15:37

Review time: 5 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

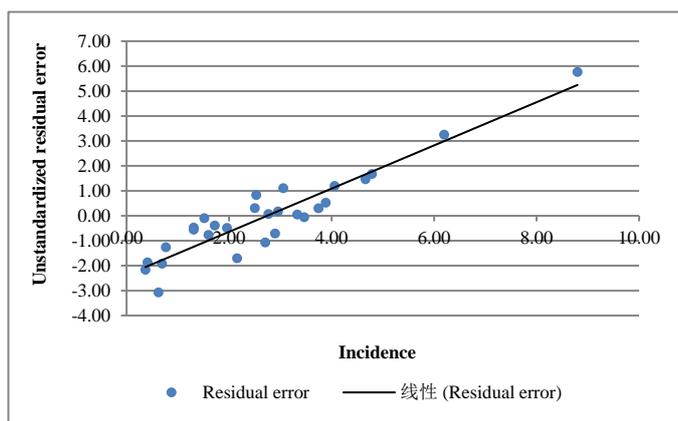
SPECIFIC COMMENTS TO AUTHORS

This article retrospectively reviewed the children with gastrointestinal bleeding in Bahrain. The authors analysed the incidence, sex, age, cause, associated diseases and so on of GIB in children. This added the data and filled the gap in this field. However, there may be some mistakes to correct. As for trend in Figure 1, "increasing" may be not appropriate and R²/residual error maybe necessary for liner regression.

	Reviewer Comments	Authors reply
Reviewer #2 03251421	Scientific Quality: Grade C (Good) Language Quality: Grade B (Minor language polishing) Conclusion: Minor revision	Thank you so much for accepting to review our manuscript. We really appreciate your precious time and great efforts.
	This article retrospectively reviewed the children with gastrointestinal bleeding in Bahrain. The authors analysed the incidence, sex, age, cause, associated diseases and so on of GIB in children. This added the data and filled the gap in this field.	Thanks for kind comments.

However, there may be some mistakes to correct. As for trend in Figure 1, "increasing" may be not appropriate and R²/residual error maybe necessary for liner regression.

We agreed with the reviewer that "increasing" in Figure 1 might look inappropriate. However, when we formulated the residual error scattered plot graph, it showed an increasing trend as shown in the attached graph.



Moreover, the R² was calculated to be 0.1338 and was added to Figure 1.

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.366 ^a	.134	.100	1.77188

a. Predictors: (Constant), Year

b. Dependent Variable: Overall Incidenceper100000

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.608	1	12.608	4.016	.056 ^b
	Residual	81.629	26	3.140		
	Total	94.236	27			

a. Dependent Variable: Overall Incidenceper100000

b. Predictors: (Constant), Year

Thank you.



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Endoscopy*

Manuscript NO: 82415

Title: Causes of gastrointestinal bleeding in children based on endoscopic evaluation at a tertiary care center in Bahrain

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 06460048

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Doctor, Researcher

Reviewer’s Country/Territory: Turkey

Author’s Country/Territory: Bahrain

Manuscript submission date: 2022-12-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-01-03 05:13

Reviewer performed review: 2023-01-04 15:37

Review time: 1 Day and 10 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comments to the Author Dear Authors, You have in detail reviewed the causes of gastrointestinal bleeding in children based on endoscopic evaluation at a tertiary care center in Bahrain This study is the first that has explored the most common causes of gastrointestinal bleeding in children in Bahrain. The study has been well supported by Tables making it a pleasure to read. However, in my opinion, the manuscript needs an English revision. I have found some mistakes in the writing and construction of sentences. You should seek support from a native English speaker or alternatively enlist the assistance of language polishing services before submitting your article. For example lines 18 - 20: It can be an alarming sign of an underlying disease.It can discover the bleeding cause in most cases. This statement would sound clearly this way: GIB can be an alarming sign of a variety of threatening diagnoses of quite different origins.....In most cases, the source of bleeding can be detected by gastrointestinal endoscopy (GIE). The revision of these sentences will make the paper easier to follow and read. I have recommended some major comments to improve the quality of the present paper:
Abstract: • I have added some corrections and suggestions in the main pdf file that I



have uploaded. Please make the corrections in the places I have marked. Introduction:

- I have added some corrections and suggestions in the main pdf file that I have uploaded. Please make the corrections in the places I have marked. Methods
- I have added some corrections and suggestions in the main pdf file that I have uploaded. Please make the corrections in the places I have marked.
- Explain the inclusion and exclusion criteria more clearly. Results:
- I have added some corrections and suggestions in the main pdf file that I have uploaded. Please make the corrections in the places I have marked.
- Avoid declaring the statistic tests in the Results section. You have already explained them in the Methods section.
- You should use an identical explanation of numerical values. If you decide to write the numbers with letters you should do that everywhere. In my opinion numbers and numbers and percentages in parenthesis make the paper more easily to read and understand. For example line 177: instead of eight patients were from India 8 (...%) were from India..... Change them everywhere in the Results section. Discussion:
- Some portions sound to be just descriptive. You should avoid repeating the Results in the discussion section. You should just compare your results with the other study and also explain what would be the cause of the differences between yours and another study. Repeating the Results section decreases the attention of the readers.
- In my opinion it would be a novel approach to explain the differences between the causes of gastrointestinal bleeding in children based on endoscopic evaluation and based on imaging finding in children reported in the literature. For example, you can compare the most common bleeding endoscopic and imaging causes by the three age groups. It would be more clear to explain these here and if you see appropriate you can also cite this studies : Çolak E. Meckel' Diverticulitis Causing Small Bowel Intussusception: A Case Report. Pediatric Practice and Research. 2021;9(2):97-99.

Tables and Figures: • Tables are representative and according to the findings. I have recommended small corrections.



Conclusion: • Conclusion should not repeat the results section. It should contain only the main messages of your study. For example mortality was not registered is a result not a conclusion.

	Reviewer Comments	Authors reply
Reviewer #1 06460048	<p>Scientific Quality: Grade B (Very good)</p> <p>Language Quality: Grade B (Minor language polishing)</p> <p>Conclusion: Major revision</p> <p>Novelty of This Manuscript: Grade B (Good)</p> <p>Creativity or Innovation of This Manuscript: Grade B (Good)</p> <p>Scientific Significance of the Conclusion in This Manuscript: Grade B (Good)</p>	<p>Thank you so much for accepting to review our manuscript. We really appreciate your precious time and great efforts.</p>
	<p>Comments to the Author</p> <p>Dear Authors, You have in detail reviewed the causes of gastrointestinal bleeding in children based on endoscopic evaluation at a tertiary care center in Bahrain This study is the first that has explored the most common causes of gastrointestinal bleeding in children in Bahrain. The study has been well supported by Tables making it a pleasure to read.</p>	<p>Thank you for the kind comments.</p>
	<p>However, in my opinion, the manuscript needs an English revision. I have found some mistakes in the writing and construction of sentences. You should seek support from a native English speaker or alternatively enlist the assistance of language polishing services before submitting your article. For example lines 18 - 20: It can be an alarming sign of an underlying disease.It can discover the bleeding cause in most cases. This statement would sound clearly this way: GIB can be an alarming sign of a variety of threatening diagnoses of quite</p>	<p>The suggested changes in the sentences have been implemented in the manuscript. Professional language polishing was done, and all errors were resolved. Moreover, the whole manuscript was sent to https://www.editage.com/ as per your kind recommendation for English revision by native English speakers before submission of this revision. Please find the attached English editing certificate.</p>

	<p>different origins.....In most cases, the source of bleeding can be detected by gastrointestinal endoscopy (GIE). The revision of these sentences will make the paper easier to follow and read.</p>	<p>Thank you</p>
	<p>I have recommended some major comments to improve the quality of the present paper: Abstract: • I have added some corrections and suggestions in the main pdf file that I have uploaded. Please make the corrections in the places I have marked.</p>	<p>All corrections and suggestions in the main PDF file have been accepted and implemented in the abstract of the manuscript. Thank you</p>
	<p>Introduction: • I have added some corrections and suggestions in the main pdf file that I have uploaded. Please make the corrections in the places I have marked.</p>	<p>All corrections and suggestions in the main PDF file have been accepted and implemented in the introduction of the manuscript. (Line 125, Line 134 to Line 135, Line 139). Thank you</p>
	<p>Methods • I have added some corrections and suggestions in the main pdf file that I have uploaded. Please make the corrections in the places I have marked.</p> <ul style="list-style-type: none"> • Explain the inclusion and exclusion criteria more clearly. 	<p>All corrections and suggestions in the main PDF file have been accepted and implemented in the method section of the manuscript.</p> <ul style="list-style-type: none"> - In the study design and setting section, the number of endoscopy units and the specialization of the doctors performing endoscopic procedure were added “The endoscopy unit in SMC consists of three rooms, in which three pediatric gastroenterology consultants and one chief resident can perform endoscopic procedures”. (From Line 150 to Line 152) - In the study participants section, the inclusion and exclusion criteria were explained to become clearer to the readers as follow “All children who were admitted to the pediatric department for GIB and underwent GIE were included in the study. Patients who were discharged from



		<p>the emergency department and those who did not undergo endoscopic procedures were excluded". (Line 156 to Line 158)</p> <p>Moreover, manufacturer's full name, city, state, country of the two types of endoscopic equipment used were added. (Line 152 to Line 154)</p> <ul style="list-style-type: none"> - The definition of perianal fistula, perianal fissure, and failure to thrive was added at the end of the data collection section "A perianal fistula was defined as a small passage that connects an infected gland inside the anus to an opening on the skin around the anus. A perianal fissure is a tear in the anal mucosa. Failure to thrive (thinness) was defined as a weight for age z-score of < 2 standard deviations according to the World Health Organization growth references" (Line 171 to Line 174) <p>Moreover, one reference was added in this part for the definition of failure to thrive. "7. WHO Multicentre Growth Reference Study Group. WHO Child Growth Standards: Length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age: Methods and development. Geneva: World Health Organization, 2006"</p> <p>Thank you</p>
	<p>Results: • I have added some corrections and suggestions in the main pdf file that I have uploaded. Please make the corrections in the places I have marked.</p>	<p>All corrections and suggestions in the main PDF file have been accepted and implemented in the results section of the manuscript. (From Line 205 to Line 206,</p>



		<p>Line 210 to Line 213, From Line 215 to Line 222, From Line 224 to Line 235, From Line 236 to Line 241, From Line 245 to Line 246, Line 248, Line 249, From Line 259 to Line 260, Line 262 to Line 263).</p> <p>Thank you.</p>
	<ul style="list-style-type: none"> • Avoid declaring the statistic tests in the Results section. You have already explained them in the Methods section. 	<p>The statistic tests have been removed from the Results section.</p> <p>Thank you</p>
	<ul style="list-style-type: none"> • You should use an identical explanation of numerical values. If you decide to write the numbers with letters you should do that everywhere. In my opinion numbers and numbers and percentages in parenthesis make the paper more easily to read and understand. For example line 177: instead of eight patients were from India 8 (...%) were from India..... Change them everywhere in the Results section. 	<p>We totally agree with the reviewer’s comment. Accordingly, were changed all the numbers written in letters into numbers and percentages. However, when we sent it for English editing, they wrote some of the numbers with letters as the numbers at the beginning of a sentence and numbers less than 10 should be spelled out in academic writing, except to maintain consistency with inclusive number ranges and when associated with units of measurement).</p> <p>Thank you</p>
	<p>Discussion:</p> <ul style="list-style-type: none"> • Some portions sound to be just descriptive. You should avoid repeating the Results in the discussion section. You should just compare your results with the other study and also explain what would be the cause of the differences between yours and another study. Repeating the Results section decreases the attention of the readers. 	<p>The descriptive portions in the discussion have been modified to be more analytical. We also removed the repeated results from the discussion and focused on the comparison of our results with the other studies. Cause of the differences between our findings and other studies were also explained.</p> <p>Moreover, in the first paragraph (From Line 275 to Line 277), we have added one reference about the rising burden of IBD in our country and worldwide. “8. GBD 2017 Inflammatory Bowel Disease Collaborators. The global, regional, and national burden of inflammatory bowel</p>

		<p>disease in 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet Gastroenterol Hepatol 2020; 5: 17-30 [PMID: 31648971 DOI: 10.1016/S2468-1253(19)30333-4]</p> <p>Thank you.</p>
	<ul style="list-style-type: none"> • In my opinion it would be a novel approach to explain the differences between the causes of gastrointestinal bleeding in children based on endoscopic evaluation and based on imaging finding in children reported in the literature. For example, you can compare the most common bleeding endoscopic and imaging causes by the three age groups. It would be more clear to explain these here and if you see appropriate you can also cite this studies: Çolak E. Meckel' Diverticulitis Causing Small Bowel Intussusception: A Case Report. Pediatric Practice and Research. 2021;9(2):97-99. 	<p>This is really a great suggestion. Accordingly, we have added a new paragraph to explain the differences between the causes of gastrointestinal bleeding in children based on endoscopic evaluation and based on imaging finding in children reported in the literature. We compared the most common bleeding endoscopic and imaging causes by the three age groups. We also cite the suggested Çolak E. study in the discussion.</p> <p>“The causes of GIB in children vary based on the diagnostic approach used (radiological or endoscopic). Specific causes of GIB can be diagnosed based on imaging findings even before endoscopic intervention, such as foreign body ingestion, esophageal varices, intussusception, Meckel’s diverticulum, and IBD [19,20]. The role of radiology in the management of children with GIB differs according to patient age and clinical presentation [19]. Radiological imaging is frequently requested after a negative endoscopic evaluation or for undetermined causes or bleeding sites [19]. Abdominal ultrasonography, barium studies, computed tomography, magnetic resonance imaging, nuclear scintigraphy, and selective angiography</p>



		<p>may play a role in identifying the underlying pathology and exact source of bleeding [19]. In our study, IBD was the main cause of GIB in adolescents, whereas foreign body ingestion and esophageal varices were the main causes if GIB in preschool children. Çolak recently reported a small bowel intussusception caused by Meckel's diverticulitis in a 10-year-old girl in whom it was diagnosed using radiological images even before endoscopic evaluation [20]. (Line 340 to Line 353)</p> <p>19. Racadio JM, Agha AK, Johnson ND, Warner BW. Imaging and radiological interventional techniques for gastrointestinal bleeding in children. <i>Semin Pediatr Surg</i> 1999; 8: 181-92 [PMID: 10573428 DOI: 10.1016/s1055-8586(99)70025-9]</p> <p>20. Çolak E. Meckel' diverticulitis causing small bowel intussusception: A case report. <i>Pediatr Pract Res</i> 2021; 9: 97-99 [DOI: 10.21765/ppjournal.937537]</p> <p>Thank you.</p>
	<p>Tables and Figures: • Tables are representative and according to the findings. I have recommended small corrections.</p>	<ul style="list-style-type: none"> - In the tables: all the recommended corrections have been accepted and implemented. - In Figure 1.: the R2 was calculated to be 0.1338 and was added to the figure as per reviewer 2 advice. - The original figure documents were prepared and arranged using PowerPoint and all of them are editable. <p>Thank you.</p>



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	<p>Conclusion: • Conclusion should not repeat the results section. It should contain only the main messages of your study. For example mortality was not registered is a result not a conclusion.</p>	<p>Repeated results in the conclusion have been removed. Thank you</p>
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Yours sincerely,

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