

Dear Editor, we thank the reviewers for all important comments. We have revised the manuscript as indicated. Changes in the text are marked in **red**.

Below are our point-by-point responses to the reviewers.

### **Reviewer's Comments:**

#### **Reviewer #1:**

1) The following a minor issue require clarification: Minor 1. "Gastrointestinal" should be abbreviated to "GI" from the second appearance.

**Reply:** We modified it throughout the text, as suggested.

#### **Reviewer #2:**

1) This is a review article. Several factors influence the outcome of this review. Please discuss these.

**Reply:** First of all, we included the "Results" section and modified the last section into "Discussion and conclusions".

We included the limitations of the study (page 13-14), as suggested: *"This present study is an unstructured, narrative review, so there are inherent limitations, such as the lack of direct comparison between studies. However, we described the methods for selecting and reviewing literature to make it possible to verify or replicate these results. Moreover, the heterogeneity of the published studies on the nutritional and GI care of pediatric patients with NMDs made it challenging to implement a systematic approach to study selection and interpretation."*

2) Please review the literature and add more details in the discussion section.

**Reply:** We reviewed the literature and reported findings in the results and discussion and conclusions sections.

3) What is the new knowledge of the report?

**Reply:** To date there are no specific nutritional and GI recommendations for all of the NMDs in the scientific literature currently available, especially in the pediatric age groups. We specified the main goals of this article in the last section (page 14): *"The aims of the present article were to*

*report the spectrum of nutritional problems in children with NMD and to provide clinicians with specific dietary and GI directions for each NMD while highlighting the knowledge gaps in this topic."*

4) Please recommend to the readers "How to apply this knowledge?".

*Reply: We provided some guidance to the clinicians involved in the care of this group of patients (page 14): "The clinician should plan for the early use of tube feeding and the appropriate selection of the most appropriate formula, with a particular interest in enteral hydrolyzed formulas. In terms of GI symptoms, the greatest challenges lie in the treatment of GERD and chronic constipation. The use of drugs to inhibit acid secretion should be prompt. The possibility of increasing fiber intake or the use of natural food formulas in enteral feeding should also be considered to further assist in the management of constipation."*

**Reviewer #3:**

1) There is a mistake in the page 5, instead of 36 months it is 3-6 months "For optimal care, a nutritionist assessment is recommended every 36 months ?? for younger children and annually for older children and adults [20]. "

*Reply: We corrected the typo, thank you.*

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