SCIENTIFIC QUALITY

Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Minor revision
Specific Comments to Authors: This is an interesting and valuable article. In the abstact should be stated the ratio between patients with satisfactory outcome from conservative and surgical approach. Redundant colon may be added to the keywords. Fig. 1 as well as fig 2 show a redundant colon (dolichocolon). This has to be discussed, since the elongated colon is not fixated to the dorsal abdominal wall and could swing free on a long mesentery. This means that loops may be displaced. With regard to constipation this is a consequence of an elongated colon. The symptom aerophagia has to be discussed. It may come from a misunderstanding over the years. Colonic gas comes from bacteria acting on faeces. Surgery has to be mentioned in the conclusion. In the table the type of surgery is lacking. In the reference-list PMID is lacking.

Thank you for the helpful comments. In the abstract, we have clarified the ratio of patients with treated with surgery and conservative methods, as well as the outcomes, which were all satisfactory. Unfortunately, "redundant colon" or "dolichocolon" are not MeSH terms, so we were unable to add them.

Indeed, Figure 1 and 2 do show a redundant colon. We have added discussions of this in the third paragraph of the "CHILAIDITI SYNDROME IN PEDIATRICS" section: "In our review of the pediatric literature, we found the most common predisposing factors in children to be aerophagia (12/30 cases) and constipation (13/30 cases). Ninety percent of the cases presented with complete intestinal interposition, in 100% of which the colon was involved. Two of the 30 cases were associated with volvulus (1 case with mental retardation and ectopia renalis and the other in a previously healthy child). In the case we described here, the predisposing factor was believed to be a combination of constipation, redundant colon, and intestinal dysmotility, associated with a relatively small right lobe of the liver, in turn, allowing a big space between the liver and the anterior chest wall and diaphragm."

We have included the type of surgery in the Table 1, and we have also added those details in the discussion and conclusion. We have added DOI and PMID to our references. We have also made minor edits throughout the manuscript to improve readability.

EDITORIAL OFFICE'S COMMENTS

Science editor: 1 Scientific quality: The manuscript describes a case report (not a minireview) of the chilaiditi syndrome in pediatrics patients. The topic is within the scope of the WJCP. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: This is an interesting and valuable article. The questions raised by the reviewers should be answered; and (3) Format: There is 1 table and 2 figures. A total of 32 references are cited, including 7 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B.

The authors are native English speakers. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCP. 5 Issues raised: (1) The authors did not provide original pictures. 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; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; (3) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision; and (4) please provide the informed consent of the treatment of the patient. 6 Recommendation: Conditional acceptance.

Our manuscript has both a case report and a brief review of all published case reports of Chilaiditi syndrome in pediatric patients. We planned on classifying the manuscript as a case report, but we did not see that category during the submission process and thus had to choose "Minireview" as the closest match to our manuscript type.

We have addressed the comments from the reviewer, and we have also made minor edits throughout the manuscript to improve readability.

We were able to obtain the original images from the archive and have placed them in a PowerPoint. We have also changed the coronal CT image to a transverse CT image. Unfortunately, the coronal view was not available in our institution's archive; however, the transverse view provides the same information. For the references, we have added the PMID and DOI numbers to the references and have made sure all authors are listed rather than using et al. For some references, either PMID or DOI was not available. We have revised the format of the Case Presentation section and added the "Final Diagnosis," "Treatment," and "Outcome and Follow-Up" sections.

Because the patient has been discharged from our institution, we are unable to contact them in order to obtain informed consent for the publication of this case report. However, we have made efforts to present only de-identified information in this case report. Our institution does not require informed consent de-identified cases.

Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Pediatrics, 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".

Thank you for considering our manuscript. We have addressed the comments from the Reviewer and the Science Editor. We have also revised the figures. The two figures are now part of Figure 1, image A and B.