

Title: Hirschsprung's disease associated enterocolitis: a comprehensive review.

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Dear World Journal of Clinical Pediatrics Editorial Board,

Thank you for taking the time to review the revised version of our manuscript entitled "Hirschsprung's disease associated enterocolitis: a comprehensive review". We have reviewed the comments and have thoroughly revised and corrected the manuscript. We found the comments very helpful and believe our revised manuscript version represents a significant improvement over our initial submission.

Comments from the Reviewers:

It was a great pleasure to review the manuscript "Hirschsprung's disease associated enterocolitis: A comprehensive review." The authors carried out an in-depth review of Hirschsprung's disease-associated enterocolitis, highlighting the main points of its clinical picture, diagnosis, pathophysiology, and treatment. In addition, the authors presented current concepts about scientific investigations related to the topic, including future perspectives. The text is entirely objective and very pleasant to read. Despite not being innovative, as it is a review article, the manuscript can assist in clinical practice (diagnosis and therapy) and stimulate scientific research on this relevant topic.

Thank you for your kind comments. We agree and believe that this review will assist our colleagues in clinical practice.

The authors present the enterocolitis associated with Hirschsprung's disease (HSCR). Hirschsprung's disease associated enterocolitis (HAEC) is an inflammatory complication associated with HSCR that can present either in the pre- or postoperative period and associated with increased morbidity and mortality. The manuscript is well written, although I would suggest the authors adding some schemas about the resections that at some point need to be undertaken. I would also add a chronological table showing the different approaches between the 21st and the 20th century.

Thank you and we appreciate your suggestions. We repeated our literature review specifically entailed to surgical resection for Hirschsprung's associated enterocolitis and we did not find any studies pertaining to resection. However, we did expand on our description of surgical diversion (ostomy). We also created a chronological graph demonstrating the different approaches and descriptions in the past 2 centuries, including resection.