

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

Baishideng Publishing Group Inc

World Journal of Gastrointestinal Endoscopy

Manuscript NO: 85451

Title: Accidental ingestion of foreign bodies/harmful materials in children from Bahrain: A retrospective cohort study.

SPECIFIC COMMENTS TO AUTHORS

	Reviewer Comments	Authors reply
Reviewer #1 ID 05205091	Scientific Quality: Grade D (Fair) Language Quality: Grade C (A great deal of language polishing) Conclusion: Major revision Novelty of This Manuscript: Grade C (Fair) Creativity or Innovation of This Manuscript: Grade C (Fair) Scientific Significance of the Conclusion in This Manuscript: Grade C (Fair)	Thank you so much for accepting to review our manuscript. We really appreciate your precious time and great efforts. Thanks again for your valuable comments and advises to improve the quality of our manuscript. We accepted all the comments and attached below are the replies to the comments point by point. We also included the required changes in the revised manuscript (Track changed). Moreover, a professional language polishing was done, and all errors were resolved. The whole manuscript underwent an English revision by native English speakers before submission of this revision. We also submitted the manuscript to a professional English language editing company "Editage: https://app.editage.com/." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate. Thank you
	The authors discuss a relevant topic on foreign body ingestion in their respective country of Bahrain - as local cultural practices and environment will influence the behaviour of children, it is important and relevant to have such region-specific published data.	Thank you for your encouraging comment.
	However I would suggest that when it comes to the analysis for complications/ symptomatology/ management choices eg need for endoscopy, pharmacotherapy etc - the authors should do separate analyses for	Based on your valuable comment, we separated the patients in to three groups according to the type of ingested material (The foreign body group, caustic materials, and the medications group). The three groups were compared

	those who ingested foreign objects and those who ingested caustics / medications , as the prognosis and management strategies are extremely different. Eg Foreign body management is typically endoscopic or surgical , while the management of accidental drug ingestion is purely medical.	regarding patient's demography, symptomatology (Table 1), complications (Table 5 and Table 6) and management (in the results text). Please note that the endoscopic and surgical complications were found in the foreign body and caustics ingestions groups but not in the medication group. Accordingly, we compared the presence or absence of complications in the former two groups (foreign body and caustic) in respect to demographic variables in Table 6. These points were implemented in the method section, result (including tables), discussion and conclusion. Thank you.
	It would be difficult to interpret the authors' data on the incidence of symptoms/complications as they have chosen to analyze the whole cohort uniformly, when these 3 groups of patients (FB / caustic / drug ingestion) are very distinct . For instance, I am not very clear whether the fairly high rate of symptoms is due to patients whom ingested caustic or drugs , or due to patients who ingested foreign objects ?	In term of symptoms, the three groups have been separated and compared as shown in Table 1. In terms of complications, the three groups have been also compared with different types of complications as shown in the new Table 5 and Table 6. Thank you.
	It would only be appropriate to assess this cohort as a whole to illustrate how accidental ingestions are increasing with time.	The cohort as a whole has been used to illustrate the trend of accidental ingestion as shown in Figure 1. Thank you.
	Note that most publications discussing the prognosis of accidental ingestions focus on just ONE type of ingestion (foreign object or caustics or drugs), for the data to be meaningfully interpretable and comparable to other cohorts.	That is true that most of the previous publications focused on a single type of ingestion either foreign object, caustics, or drugs. We have included the three different types of accidental ingestions along with a comparison between them in terms of clinical presentations, management, and outcomes. This approach might help the clinicians to make better decisions while managing these patients. Moreover, this point might make our manuscript unique and might be considered as a strength of this study. Thank you.
	Comment 1: You should analyze these two subgroups separately because the prognosis and management of ingested foreign bodies is quite different from ingestion of caustic chemicals	Based on your valuable comment, the patients were divided into three sub-groups (foreign body [n=108, 70.6%], caustics [n=31, 20.3%], and medications [n=14, 9.2%]) which have been analyzed separately in terms of prognosis and

		management as shown in the results section and the Tables. Thank you
	Comment 2: Without analyzing FB ingestion separately from caustic/drug ingestion, the reader may be led to think that the majority of FB ingestions are symptomatic which may not be the case. The vast majority of button battery ingestions, if not lodged in the esophagus, are actually asymptomatic	We totally agree with this comment. Accordingly, we separated the symptoms based on the three types of the ingested materials as shown in Table 1. The result showed that patients with caustic ingestion (n=26/31, 89.7%) were more symptomatic compared to those who ingested medications (n=8/14, 57.1%) or foreign bodies (n=52/108, 48.6%), $p<0.001$. To be more specific, caustic group had more vomiting ($p<0.001$) and cough ($p=0.029$) compared to the other groups. Upon comparison of symptoms according to the location of foreign body (esophagus, stomach, or bowel) based on radiological and endoscopic findings, most of the 16 patients with esophageal foreign bodies were found to be symptomatic (14 [87.5%] patients versus 2 [12.5%]) while the majority of the 56 patients with gastric foreign bodies (34 [60.7%] patients versus 22 [39.3%]) and the 32 patients with intestinal foreign bodies (19 [59.4%] patients versus 13 [40.6%]) were asymptomatic, $p=0.002$. These findings confirmed your comment. This point has been added in the results and discussion section. Thank you.
	Comment 3: Were there behavioral or neuropsychiatric abnormalities in these children with recurrent ingestions?	Patients with more than one episode of ingestion have been reviewed again looking for the presence of associated neuropsychiatric disorder or pica secondary to iron deficiency anemia as possible causes of the multiple episodes. The data showed that eight (5.0%) patients had multiple episodes (seven of them had a second episode while one had three episodes). Of the eight patients, three (37.5%) had neuropsychiatric disorders including autism, mild intellectual disability, and demyelination. Moreover, the patient with intellectual disability had an associated iron deficiency anemia and pica. This point has been added to the first paragraph of the result section. Thank you.

	Comment 4: Do you mean food bolus impaction ? What is meant by hard food ingestion ?	Yes, we meant food bolus impaction in a patient with esophageal stricture. We meant by hard food the food that can form a foreign body effect and can cause obstruction of the esophageal lumen. This point has been corrected. Thank you.
	Comment 5: The symptom rate would vary greatly based on the definition of what type of FB/anatomic location/whether the study included caustic chemicals/medications - for the comparison to be meaningful, it would have to control for the above factors first . Eg comparing cohorts that studied similar FBs	We agree that the symptom rate can vary based on the type of foreign body and its anatomical location along with the inclusion of caustic chemicals or medications. Accordingly, we controlled for these factors by separating the patients into three groups and studied the symptoms of each group. Moreover, in patients with foreign body ingestion, symptoms were also segregated based on the foreign body anatomical location. Initially, we discussed the overall symptom rate and compared it with studies that included the three types of ingested materials. Thereafter, our findings in the groups of foreign body and caustic ingestions were compared with the studies that included the same type of ingestion solely. This comparison has been modified in two new paragraphs in the discussion. Thank you.
	Comment 6: The study by Uba et al was only in esophageal foreign bodies and they reported a higher symptom rate - 38-40% drooling of saliva and/or dysphagia. Could the authors clarify the quoted figure of 15%?	For Uba et al study, we have summed the percentage of all esophageal symptoms, and found that they were counted for 85%, whereas 15% of patients were asymptomatic (Table 2, page 335). Based on your valuable comment, we used the percentage reported by Uba et al study to compare the symptomatic patients with esophageal FB with those in our study. We found that 87.5% of our patients with esophageal FB were symptomatic which is comparable to that of Uba et al study (85%). This point has been clarified in the results and the discussion section of our manuscript. Thank you.
	Comment 7: I do not think this comparison can be made in this manner because the type of FB and anatomic location of FB are different from the above quoted studies. For instance Chan's study only examined button batteries while Uba's study looked only at esophageal FBs.	We totally agreed with this comment. Accordingly, we changed the comparison in this paragraph to match our findings with the similar studies in term of the type of ingested FB or harmful material and the anatomic location of FB only. Thank you.



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	Comment 8: Spelling error for battery	The spelling error has been corrected in a new figure inserted below. Thank you
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SPECIFIC COMMENTS TO AUTHORS

	Reviewer Comments	Authors reply
Reviewer #2 ID 06197520	Scientific Quality: Grade C (Good) Language Quality: Grade B (Minor language polishing) Conclusion: Minor revision Novelty of This Manuscript: Grade C (Fair) Creativity or Innovation of This Manuscript: Grade C (Fair) Scientific Significance of the Conclusion in This Manuscript: Grade C (Fair)	Thank you so much for accepting to review our manuscript. We really appreciate your precious time and great efforts. Thanks again for your valuable comments and advises to improve the quality of our manuscript. We accepted all the comments and attached below are the replies to the comments point by point. We also included the required changes in the revised manuscript (Track changed). Moreover, a professional language polishing was done, and all errors were resolved. The whole manuscript underwent an English revision by native English speakers before submission of this revision. We also submitted the manuscript to a professional English language editing company "Editage: https://app.editage.com/." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate. Thank you
	Specific Comments to Authors: Since the risk of accidental FB/caustic agents ingestion in children may be related to socioeconomic status of the families, the importance of these parental information should be concerned and integrate these data to the analysis.	Based on your valuable comment, we have evaluated families' socioeconomic status as a risk factor for the increased incidence of accidental ingestion, as the child might be left alone at home unwitnessed by the parents/caregivers due to their work obligations as stated by Kalra et al^[16]. Families' socioeconomic status data were collected via reviewing the medical records again along with telephone calls. Data including paternal and maternal educational level, occupation, number of children, and family's total income were gathered. Accordingly, the families were categorized into low, middle, and high socioeconomic status. Data were available for 95 (62.1%) patients. There was no significant difference found between the patients in respect to different socioeconomic status (Table 1). However, in patients with FB ingestion, patients from middle or low socioeconomic status had more endoscopic and surgical complications compared to those from higher socioeconomic families ($p=0.028$) as shown in Table 6. These points were integrated in the method, results, Table 1, Table 6, and discussion sections. Thank you.



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