

**To the Editorial Office of *WORLD JOURNAL OF GASTROENTEROLOGY***

Dear Editors,

Please find enclosed the revised version of the manuscript "*Capsule endoscopy in pediatrics: a 10-years journey*" proposed for publication in *WJG*.

The paper has been revised according to the thoughtful comments and suggestions of the Reviewers. They provided us a great opportunity to improve the manuscript and helped us refocus on the recent innovations and exciting research that are expanding the potential uses and increasing the importance of capsule endoscopy in our understanding of gastrointestinal disease.

Attached are the point-by-point responses to the Reviewers.

We hope that it now meets with your approval and expectations.

Thank you so much for your attention and many helpful recommendations,

Yours sincerely

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## REVIEWER#1

### Comments to editor

This manuscript addresses a useful diagnostic tool in pediatrics. However, the topic is not well addressed, and the manuscript need improvement.

### Comments to Authors

This manuscript describes the use of wireless video capsule endoscopy for evaluation the esophagus small bowel and the colon. While the topic is of great importance, and of substantial benefit in pediatrics, some issue need to be addressed.

### Major

1. This review does not cover equally the topic addressed including the use of capsule endoscopy for evaluation the esophagus small bowel and the colon. The authors need to reconsider the extent of covering these issues. In case, as the authors stipulated, less data are available for capsule endoscopy of the esophagus and the colon, the authors may focus mainly on capsule endoscopy of the small bowel with brief mention of the other aspects in a unique paragraph. The present format has a significant disproportion that make the manuscript lose its focus.  
**We have consolidated and changed the text so that this section in now more concise.**
2. The manuscript also lack a strength in terms of the novelty used in this techniques. The authors need to put more emphasis on what is new separately.  
**We have tried to put in the manuscript some new details that could be useful in understanding the utility of this technique in pediatrics.**
3. Some numbers are not recognizable and the authors need to verify the accuracy of their calculations. For example: page 5; last paragraph, 101 patients seems not to equal 71.3% out of 162.  
**We have corrected the wrong value that was accidentally recorded.**
4. Some of the citations need to be reconsidered. For example: page 3; last paragraph, the authors cite 21 reference to describe the use of CE. The authors may summarize these conditions and reduce the number of reference to make the reading convenient. In case the other indications are of importance, these informations could be cited in details or summarized in a table.  
**We have tried to establish a new order for references. Anyway, some references are necessary to better explain the data.**

### Minor

- a) Page 4; paragraph 4, cleansing should be spelled cleaning  
**Revised, thank you.**
- b) Page 5; paragraph 4, (86.0%; 95% CI=81.6–89.9%; P=.0003). This sentence need to be reformulated.  
**Revised, thank you.**

- c) Page 5; paragraph 4, The youngest was age 4 years. This sentence need also to be reformulated.  
**Revised, thank you.**
- d) Page 6; paragraph 1, In one study, SBCE examination in 1 study... The word study was used twice. This need to be corrected.  
**Revised, thank you.**
- e) Page 8; last paragraph, Of note, other esophageal and duodenal findings also... In a review, the authors would better describe these findings.  
**We have deleted this sentence.**
- f) Page 9, paragraph 3. The authors refers to references 68-61 which did not appear in the list. They may rather want to refer to 58-61.  
**We have changed that in the text.**
- g) Some references need to be completed or cited as "*in press*". For example ref. 60 and 61.  
**Revised, thank you.**

## REVIEWER #2

To the authors,

Congratulations for this review. There are, however, few grammar and spelling errors which should be corrected, and one or two suggestions listed below:

Core tip: second line: SBCE instead of BCE.

Revised, thank you.

Abstract: line 9: insufflation instead of insufflations

Revised, thank you.

Last line: population instead of populations

Revised, thank you.

Page 6, first paragraph, second sentence: "In one study, SBCE examination in 1 study....", please, rewrite!

Revised, thank you.

Page 7, second paragraph, line 12: "of 1.4%, 2.3%, and 1.2%, respectively" please indicate reference. Please, see also the higher incidence of capsule retention in other studies in adults (eg, Singeap AM et al, Eur J Gastroenterol and Hepatol, 2011, 10).

Revised, thank you.

Page 9, colon capsule, second paragraph, second sentence: 58-61 instead of 68-61

Revised, thank you.

Page 9, I suggest Conclusion instead of Summary

We have adopted this suggestion. Thank you.

Please, read carefully the Format for references and make corrections throughout the text. Take care at style for journal references (the first author should be typed in bold/faced letters, all authors should be included etc.), PMID and DOI requirements etc.

Revised, thank you.

Finally, do you have permission from the authors/journal to reproduce Table 1? If yes, please make corrections in legend.

We have changed and modified the table 1 in a new table. So no permission is needed.

**REVIEWER #3**

NO CRITICISMS

#### **REVIEWER #4**

The manuscript entitled "Capsule endoscopy in pediatric age: a 10-years journey" is a comprehensive Review of the subject written from a GROUP that has published on this topic.

Authors must address the following issues in order to improve the manuscript.

1. Present the patients outcomes and adverse events in tables. Include also a table that summarizes the differences of capsule endoscopy use between adults and pediatrics. Include indications, preparation, adverse events, etc.

*We have added this new table.*

2. What do the P values stand for in pages 10 (P=0.003 & <0.0001), 13 (0.4247) and 14 (0.6014)? There are no comparisons!

*Thank you for the suggestion. We have deleted the P values.*

3. What do the 3 risks stand for in page 12; Absolute risks, relative (to what) risks?

*We have changed in the text. We are referring to a relative risk.*

4. Something is missing in the last sentence of page 16. It is meaningless.

*We have deleted the sentence.*

5. Last Line, page 17. Consider changing "have established" with "proposed". This is the meaning of the ESGE guideline

*Revised, thank you.*

6. Regarding bowel preparation for capsule endoscopy. There are 2 meta-analysis that established the role of purgative bowel preparation to improve even the diagnostic yield of capsule endoscopy. Therefore, I propose to delete references 28, 29, 30, 31, 32, 34, 36, 37 and include - discuss the meta-analysis of Rokkas et al. and Niv et al that included the aforementioned papers.

*We have added these two meta-analysis and deleted the references that you indicated.*

7. Have the authors obtained permission to use the data in Table 1?

*We have changed and modified the table 1 in a new table. So no permission is needed.*

8. Page 13, one Line before the last. Does age 18.8+/-0.9 years represent a pediatric population?

*This age is referred to that study, considered as pediatric.*

9. There is no conflict of interest statement

*We have added a statement regarding possible conflicts of interest.*

10. English needs improvement. You can hardly find flow in the text, since each section is presented as a group of statements.

*One of our authors, a native speaker of English, has reviewed the article in order to improve the grammar as well as the content*