

ANSWERING REVIEWERS



June 16, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 18902-review.doc).

Title: The Efficiency of Upper Gastrointestinal Endoscopy in Pediatric Surgical Practice

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Name of Journal: *World Journal of Clinical Pediatrics*

ESPS Manuscript NO: 18902-edited

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated

2. Revision has been made according to the suggestions of the reviewer

1. The article was edited by professional native English speaker editors.
2. The biopsies should be done randomly especially from distal esophagus and antrum. On Page 3, line 26 and 27; This knowledge is added.
3. On page 4, the term of “disease” and the letter of “D” were added at the end of “gastroesophageal reflux” and “GER”. They were changed as “gastroesophageal reflux disease” and “GERD”. On page 4, line 17 the terms of “for GERD” were added at the end of sentence.
4. On page 5, line 17, “Barium mail” was changed as “barium meal”.
5. On page 6, line 26 and 27; the sentence of “Ingestion of multiple magnets is another special condition, because multiple may cause intestinal perforation, peritonitis or enteroenteric fistula” was changed as “Ingestion of multiple magnets is another special condition, because if multiple magnets ingests at different times they may clinging and cause intestinal perforation, peritonitis or enteroenteric fistula”.
6. The title of Table 1 was changed as “most common indications of diagnostic UGI endoscopy”.
7. The title of Table 3 was changed as “typical indication of PEG”.
8. The title of Table 4 was changed as “Common complications of PEG”.
9. On page2, line 1, the terms of “by smaller endoscopes” were added. The smaller endoscopes with working channel, example 5 mm endoscopes with 2 mm working chanel, for neonatal patients are current technological advances. This matter was mentioned in article.

10. This article is general survey about upper gastrointestinal endoscopy in pediatric surgery. The matter of “who should be doing these procedures” or criteria of competences is an individual different matter of discussion. There are several differences about certification or specialization survey and criteria between different countries. The pediatric surgeons perform majority of upper gastrointestinal endoscopy in my country. So, I don't want discuss this matter that “who should be doing these procedures” in this article.
11. The section of anesthesia was transferred to the page 9.
12. The term of “raised endoscopy” was removed.
13. However we do not use rigid endoscopes, some medical centers still use rigid endoscopes for esophageal foreign body. We always use flexible pediatric endoscopes for all aims.
14. On page 5, line 10 the term of “The elder children are usually” were added.
15. On page 5, line 12; The term of “jewlelery” was fixed as “jewelry”.
16. On page 1, line 19; in the section of “Core”; the terms of “in experienced hands” was added.
17. On page 10, line 1; the terms of “in experienced hands” was added.
18. the term of “Prolapsgastropathy” was removed from Table 2.

3.References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Clinical Pediatrics*

Sincerely yours,



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