

## **POINT-BY-POINT RESPONSE**

### **To the Editing Staff:**

- 1) All editing issues have been revised according to comments:
  - Authors full names and institutions
  - Punctuation corrections accepted
  - Reference numbers in square brackets in superscript
  - Tables at the end of the paper, one page each
  - References with all authors listed, PMID and DOI (except for ref. n. 26: DOI not available)
  
- 2) The following sections have been added to the manuscript, as requested:
  - Running title
  - Authors' contributions
  - Conflict of interest
  - Corresponding author
  - Core tip
  
- 3) The following files have been added to the submission:
  - Copyright assignment (with authors signatures)
  - Audio core tip
  - Conflict-of-interest statement (with authors signatures)
  - Google Scholar screenshot
  - CrossCheck screenshot
  - Language certificate

The specific requests by reviewers have been answered (text highlighted in the manuscript)

### **To Reviewer n.1**

- 1) For English grammar quality please find attached the language revision certificate.
- 2) On page 6-7 we increased the discussion about the optimum time to start dilation, the dilator size and the interval between ED. The concept of lengthening the ED interval according to the patient symptoms was added. On page 10 a brief discussion on when to refer for surgery has been added.
- 3) On page 11 we discussed the papers with significant results about the mitomycin C use.
- 4) We did not insert these two papers because both are only in adult series and also the first one is limited in patients with peptic strictures. These strictures are rare in children in the PPI era and generally easy to manage.

- 5) On page 14 we discussed the papers about the experiences with biodegradable esophageal stents in children.

**To Reviewer n.2**

- 1) For English grammar quality please find attached the language revision certificate
- 2) On page 6-7 we increased the discussion about the optimum dilator size. We inserted the concept of the “thumb rule”.
- 3) Also the debate about optimal interval between ED has been discussed and the concept of lengthening the ED interval according to the patient symptoms was added.