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**Name of Journal:** *World Journal of Clinical Pediatrics*

**ESPS Manuscript NO:** 22845

**Manuscript Type:** MINIREVIEWS

**Reviewers' Comments to Author: (Reviewer'scode: 03285168)**

The manuscript is comprehensive, deals deeply with all the relevant points, written interestingly. The English is good. I enjoyed reading it. Thank you for letting me review this important manuscript. I recommend to publish it just as is.

*Thank you very much for your comments.*

**Reviewers' Comments to Author: (Reviewer'scode: 00646241)**

In their work, "Oral medications regarding their safety and efficacy in the management of patent ductus arteriosus", the authors Oncel and Erdeve give a short and clear overview of the current recommendations and pharmacological treatment attempts regarding persistent ductus arteriosus in preterm babies. The paper is well written, contains a lot of information and gives an innovative view on the field. The language is nearly perfect, and the literature quoted appears complete.

*Thank you very much for your comments. We tried to clarify and revise the manuscript according to your suggestions. Please find our responses below:*

The authors propose to use a relatively new compound to treat PDA in preterm infants, paracetamole. Thus the paper is not only a review but also a paper advocating a new treatment strategy. This should be refelected in the title or in an additional subtitle of the paper, e.g. - a new role for paracetamole?

*Subtitle was changed 'Oral paracetamol' to 'Oral paracetamol: a new approach to PDA treatment' according to your suggestion.*

The authors do collect a very impressive number of published data, in particular randomised or non-randomised studies treating PDA in preterm infants. However, the authors do not mention in detail the evidence levels of all papers they present, so the value of these sometimes remains open.

*Yes, you are right. We added evidence levels of papers in table according to your suggestion.*

Further, benefits and disadvantages of indomethacin/ibuprofen/paracetamol and intravenous or oral application, for prophylactic and for curative treatment, and for children with different types of concomitant organ problems, are not clearly visible from the text but hidden within the discussion. Maybe a table would be helpful for this.

*We mentioned oral medications in the management of PDA in this review. So we added new table about adverse effects of oral ibuprofen and paracetamol according to your suggestion.*

Besides, if the authors believe that present published data represent a sufficient basis to firmly recommend this procedure, thus definitively changing current recommendations, they should give such a statement, otherwise, of course, the work should include a recommendation to actually perform a randomized study.

*We believe that present published data not sufficient, so we recommended new randomized studies at the end of the manuscript according to your suggestion as 'Safety should be investigated especially in extreme preterm infants before routine use of paracetamol for PDA closure. We suggest that further prospective, randomized controlled trials are needed to evaluate the efficacy of oral versus intravenous paracetamol or intravenous paracetamol versus intravenous ibuprofen/indomethacin for the closure of PDA.'*

## **Minor points**

the abbreviation PGHS should be explained

*PGHS was explained as 'prostaglandin-H2 synthetase' in introduction section (page 3).*

p. 8 instead of All these values were within the normal range for children (10-30 mcg/ml) better write All these values were within the therapeutic range for children (10-30 mcg/ml)

*This sentence was revised as 'All these values were within the therapeutic range for children (10-30 mcg/ml)' according to your suggestion.*