

Dear Professor Serpetti,

We are very grateful for your positive comments. We have looked into the problems you highlighted and below we answer your questions and proposals.

Question 1. 'Clearly, patients with esophageal stricture represent a heterogeneous population. Steroid injection is conceptually useful in strictures, which present a high degree of inflammation, while it could be of no help in long standing strictures with fibrosis and scarring. Are there data, including any histological examines, to verify this possibility?'

*Answer: Sadly, none of the papers gave any detailed data on the degree of histological inflammation or fibrosis; therefore, we could not make further subgroup analysis regarding it. We have incorporated this important concept in limitations.*

Question 2. 'Continuing on this matter, it could be interesting to verify the effectiveness of steroid injection according to the etiology of the stricture, I understand that data in many papers are incomplete, but the Authors in the discussion could describe this problem, eventually reporting selected papers which analyze this matter.'

*Answer: As we reported under the limitations heading, most of the trials did not analyze the outcomes for different etiologies. We now have described the results of studies reporting outcomes for different etiologies in the discussion.*

Question 3. The study included a large time period, and there is the possibility of differences in the type of dilatation, bougie or balloon. Did the Authors find any difference using steroids in different types of dilatation technique?

*Answer: All of the studies used bougie dilation; therefore, we cannot say if there is any difference between the types of dilation techniques. We have now highlighted it in the discussion.*

Thank you for your coinstructiuvve review and please let us know if there is any further need for clarification or correction.

Yours sincerely

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