

Dear colleagues, thank for an opportunity to revise our manuscript. We have thoroughly examined all your comments and ready to provide the answers.

Reviewer #1

Specific Comments to Authors:

1. The term “hemangioma” is commonly used to name different types of vascular tumors as well as vascular malformations. However, considering the different constitution, natural evolution, and treatment, I suggest naming GI lesions of BRBNS as “vascular malformations” or “venous malformation”.

Answer: We totally agree with the comment so we have changed all the “hemangioma” terms.

2. Authors reported that several other episodes of a critical decrease in hemoglobin occurred in the first years of life of the patient; how were they managed? Did the child require blood transfusions? Did she receive oral iron supplements?

Answer: Thank you for the comment. We have missed that moment in the text. Clinical assessment of the child at the age of 2 years yielded the first detection of a significant decrease in hemoglobin levels thus iron supplements were prescribed. Several other episodes of a critical decrease in hemoglobin reportedly occurred over the next few years which required a blood transfusion. During the first year of observation in our clinic the child underwent seven procedures of the blood transfusions before the first sclerotherapy was performed. These moments are reflected in the text now.

3. Different therapeutic approaches have been used to treat BRBNS over time. Recently, the efficacy of medical management with sirolimus is becoming very promising (Cardoso, H., et al. (2016). "Successful treatment with sirolimus of a patient with Blue Rubber Bleb Nevus syndrome." J Gastroenterol Hepatol 31(3); Fox, V. L. (2018). "New therapies for vascular anomalies of the GI tract." Minerva Pediatr), as also stated in discussion of this report. The advantages of medical treatment are further sustained by the multiorgan nature of this disease in a considerable proportion of the reported patients. Understandably, various alternatives can be used, but I suggest that discussion is reviewed with more emphasis in the medical management

Answer: We agree that the efficacy of medical management with sirolimus is becoming very promising but we have a comment on our case. Unfortunately, we don't have sirolimus in the Republic of Belarus and we also don't have sirolimus test systems so this option was initially excluded. In regard to our country and our case, the only available drug was everolimus. However, the efficacy and safety of everolimus are less-understood in comparison with sirolimus. Besides, we wanted to avoid long-term or indefinite duration of medical therapy with the likely development of side effects like stomatitis, leukopenia, thrombopenia, lymphoproliferative syndrome, etc.

4. Considering the invasiveness of multiple endoscopy treatments, it could be interesting to discuss the purpose of treatment chosen: avoid medical therapy side effects? avoid surgery? transfusion?

Answer: The choice of optimal therapy for BRNBS was discussed. As to surgery it was noticed that this approach seems to be rather aggressive, has the potential risk of postoperative complications and is probably more justified for patients with few gastrointestinal malformations in a limited length of the bowel. Our patient had more than 15 pieces of venous malformation located along the entire length of the hollow organs of the GI tract suggested a large volume of laparoscopic/open resection.

The point about sirolimus was described above.

Blood transfusions used as a treatment option in our case but as the graph shows it didn't come to the positive outcome in the long run and this method is symptomatic.

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