

Answers to reviewers' query/suggestions:

-Mid-night diethyl carbamazine test may be briefly explained.

Midnight DEC may be attempted to increase the yield of microfilaria in blood smear in case of lymphatic filariasis. The appearance of microfilaria in blood is nocturnal and can be enhanced by Diethyl carbamazine(300 mg single dose).

- What was the PMN and eosinophil cell count in the ascitic fluid?

Total leucocyte count was 6000/mm³ (95 percent polymorphs and 5 percent monomorphs), polymorphs were predominately eosinophils.

-And ascitic albumin?

Ascitic albumin was 2.9 g/dL and SAAG was 0.7 g/dL.

-Did ascites completely disappear after therapy?

Yes, ascites completely disappeared after the therapy.

- What about esophageal biopsies?

Esophageal biopsies were normal.

- Did the Authors investigate presence of asthma, rhinitis?

A review of system was done to rule out anything suggestive of positive atopy, but there was no history suggestive of asthma or rhinitis.

- Why the Authors decided for a watchful waiting policy after steroid tapering? Did they take into account the option of immunosuppressants? It could be interesting to extend the follow-up after steroid tapering. Why the Authors decided 30 mg as starting dose of prednisolone?

Reference: Gonsalves N. Eosinophilic gastrointestinal disorders. Clinical reviews in allergy & immunology. 2019 Oct;57(2):272-85.

In eosinophilic gastroenteritis systemic glucocorticoid therapy is advised for 2- 6 weeks and the dose advised is 20-40 mg/day. The low dosing and early tapering are based on the concept that steroids are given to tide over serious symptoms as fibrosis in Eosinophilic gastroenteritis is rare when compared with eosinophilic esophagitis.

There is no available guideline to address the use of immunosuppressants in eosinophilic gastroenteritis.

The patient was followed up for the past 2years and was essentially asymptomatic.

- **Did the splinter hemorrhages disappear after steroids? This may be an important hallmark of correlation with EGD.**

Yes, both the splitter haemorrhages as well as the GI symptoms resolved with the therapy.

- **What about diet and dietary recommendations?**

We advised the patient a six food elimination diet (SFED: cow's milk, soy, wheat, egg, peanut, seafood/shellfish) till the symptoms resolved and then 3 weekly added each food group. However patient remained asymptomatic after the reintroduction of food groups.

- **What about small bowel MRI instead of CT scan? Is there any study comparing the diagnostic accuracy of these procedures?**

Small bowel MRI, as well as CT scan, are nonspecific in diagnosing eosinophilic gastroenteritis and usage of imaging is to guide biopsies. No study comparing the diagnostic accuracy of these procedures are available.

- **Any place for capsule endoscopy for the diagnosis of this disease?**

Reference: Quiñones GH, Scharrer SI, Rodríguez AR, Compean DG, Almaguer OD, Segura JA, Quintana JO, González JA, Garza HJ. Diagnosis of eosinophilic enteritis with video capsule endoscopy and double balloon enteroscopy with favorable response to corticosteroids. ACG case reports journal. 2019 Jul;6(7).

There is no study available presently evaluating the advantages or disadvantages of Capsule endoscopy. In the above-mentioned case report, it was quoted that there is a possibility of capsule retention.

- **The Authors spoke about avoidance of surgical intervention. However, CT scan did not reveal intestinal occlusion, volvulus, hernias. Please clarify.**

Reference: Sacher P. Surgical aspects of eosinophilic gastroenteritis (author's transl). Zeitschrift fur Kinderchirurgie: organ der Deutschen, der Schweizerischen und der Osterreichischen Gesellschaft fur Kinderchirurgie= Surgery in infancy and childhood. 1981 Sep 1;34(1):25-30.

This patient had symptoms suggestive of intermittent intestinal obstruction and eosinophilic gastroenteritis can lead to intestinal obstruction. And if the patient develops intestinal obstruction surgical intervention may be needed.

- **The Authors said that this was a lethal disease. Can they provide some data about prognosis?**

Lethal word may be omitted, as prognostic data of eosinophilic gastroenteritis is not clearly available presently (Studies are lacking).