

Subject: Response to the reviewer's comments:

Title: Migration of the distal ventriculoperitoneal shunt catheter into the stomach with or without trans-oral extrusion: A systematic literature review and meta-analysis

Reviewer's 1	Comments by reviewer's	Response by author / correction done	Page / lines
	1. Minor language polishing (English language polishing/correction?)	Language corrections done as and where required and coloured for easy identification.	-
	1. Two-thirds ($n=22$) of group A, and one-fourth ($n=4$) cases were infants, at the time of initial VPS placement. Please rephrase the highlighted statement.	Yes, rephrasing the highlighted statement done.	Results, Page 6, Lines 9-11
	2. For entire cases, approximately sixty percent ($n=27$) of them were children ≤ 5 years of age at the time of the diagnosis of the VPS complication mentioned above. Group of cases.	Cases were grouped and coloured as well.	Discussion, Page 18, Para 1, Lines 3-5,
	3. Were there any particular types of shunts which had increased incidence of transoral migration-type of material, stiffness, size of the catheter etc?	Details of the VPS catheter used by the authors and finding of the review are provided at the discussion section.	Discussion, Page 18, Para 2, Lines 1-10,

	4. Did any of the cases reveal crust formation at the tip of the shunt causing increased stiffness and increased incidence of the intragastric migration?	Crust / stone formation at the tip of the distal VPS catheter was documented only in one of the group B case and the details of the other cases provided at eh discussion section.	Discussion, Page 21, Para 3, Lines 1-10,
	5. Is there any data on the extrusion of the catheter into the scrotum and labia?	Yes, data available, but this article is not related to the scrotal/labial migration of the distal VPS catheter and therefore neither discussed nor referenced in this manuscript.	-
	6. Skiagram of the head, abdomen, and chest was among the commonly advised investigation. Radiographs	A clinical photograph of trans-oral migration of the distal VPS catheter is added for the manuscript. The case was managed by the author himself and published in 2015 (reference 37). Radiological figures for skiagram of head, chest and abdomen/ CT scan was not added, as consent for the same from the other authors not provided till date. (Radiological photograph (Group B cases), not added, as till date not received permission from any of the authors requested).	Figures, Page 15, Figure -6,

Thanking you,

Corresponding author / author,

(Dr. Rajendra Kumar Ghritlaharey)