

We thank the editors and the reviewers for considering our manuscript and advising changes to further improve it. We have incorporated all the changes as suggested by the reviewers. We hope, you will find it appropriate for publication now. However, we will be happy to make any further changes you may suggest.

No.	Reviewer's comments	Authors reply	Changes made
#1	The feeding tube is indicated for different reasons, but most often it is due to dysphagia. There is controversy about the damage caused by the prolonged use of a nasogastric or nasoenteric tube, especially when compared to the use of gastrostomy in chronic dysphagic patients. The authors point out the need for more in-depth information on the changes resulting from prolonged use of the nasal tube feeding by analyzing previous studies that describe nasogastric tube syndrome. I consider this topic relevant and this warning very important. Below are some points that deserve to be reviewed and commented in the study. Positive aspects: The article analyzes a period of 3 decades of scientific production and describes the various acute and chronic signs and symptoms presented by patients who use nasal feeding tube, whether in the short or long term. It warns about the importance of discussing more late risks and the possible undervaluation and underreporting of data in these patients.	We thank the reviewer for encouraging comments.	No changes made.
	I believe that the search should involve the term "nasoenteric" and not be restricted to crossing it with the word "syndrome". The intersection of "vocal fold paralysis" already offers more studies that analyzed changes. "ryle" tube is not a more important term than "feeding tube", which could also be included in the search.	We really appreciate this suggestion. By performing the search as advised, we could add 4 more cases to our review.	Necessary changes made in the methods, results, tables and discussion
	I missed functional dysphagia results for these patients, comparisons of probe usage time, and assistance from the rehabilitation team, as this may have interfered with the sequelae. Functional research methods could be better described in tables or results.	Thank you for your inputs. We understand the importance of functional	Necessary changes made

		<p>dysphagia and rehabilitation but these details are missing from most of the reports. Hence, we could not include in our analysis. However, we have incorporated the available details in a separate para in the discussion section.</p>	
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