

Dear Editor,

Re: *Diagnosis and Management of Laryngeal cleft: a single centre experience and a novel endoscopic technique*
Manuscript # 20813
World Journal of Otorhinolaryngology

Thank you for the opportunity to revise our above manuscript. We are grateful for the constructive criticism and believe its value is reflected in the revised manuscript attached. We have responded to the comments in a tabulated format point-by-point for ease of navigation below:

Reviewer 00503663 comment	Response to comment
This is a paper reporting diagnosis of management of laryngeal cleft. The subjects for this investigation included 22 children. A novel endoscopic technique is a main point of this paper. However, the endoscopic technique was not described clearly. Illustrations or photos including Negus knot pusher are required for readers to understand clearly.	Dear Reviewer, Thank you for your review and interest in our study. As a result of this, we have produced high quality images with an accompanying description of the procedure (Figure 2). We hope that this adds value to the manuscript and addresses this query adequately.
Reviewer 00503773 comment	Response to comment
I read the manuscript named "Diagnosis and Management of Laryngeal Cleft: a single centre experience and a novel endoscopic technique " and my recommendations are as follows; 1.The importance of the research contents; The subject of the manuscript is very important. Laryngeal cleft is a rare congenital abnormality in the posterior laryngo-tracheal wall. Patients may present with recurrent aspiration pneumonias, stridor, choking on feeds or dysphonia. Diagnosis requires a high index of suspicion, accurate interpretation of preoperative studies, and thorough endoscopic evaluation. Early diagnosis and surgical repair reduce irreversible pulmonary damage other associated morbidities. It is crucial that the authors point out to a new endoscopic repair technique.	Dear Reviewer, Thank you for your review of this article alongside the constructive criticisms. We believe that we have addressed these concerns, as far as possible, and these changes have improved the manuscript. Please see below for specific changes (<i>in red text through the revised manuscript</i>). We agree that this is a very important topic and we present one of the largest single centre series to date (Table 1). In addition, to highlight the new technique, we have elucidated it further with a high quality figure (Figure 2).
2. The novelty and innovation of research; This study gives new knowledge to the literature.	Thank you.
3. Presentation and readability of the manuscript; This manuscript was well-written and documented. The presentation of the study is very good. This manuscript is readable and	Many thanks for your positive comments. We hope that these changes have led to an improved article amenable to publication.

worth to be published in the World Journal of Otorhinolaryngology.	
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Thank you.

Kind regards,

The Authorship

(anonymised to allow blinded review)