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Dear Professor Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

World Journal of Clinical Pediatrics

Manuscript NO: 88864

Title: Fever assessment in children under five: Are we following the guidelines?

Editor Comments	Authors reply
<p>Dear Dr. Isa, We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 88864, Retrospective Cohort Study) basically meet the publishing requirements of the <i>World Journal of Clinical Pediatrics</i>. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents. Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.</p>	<p>Dear Professor Wang, Thank you so much for preliminary accepting our study for publication in your esteemed journal. We really appreciate your precious time and great efforts. Thanks again for your valuable comments and advises to improve the quality of our manuscript. We accepted all the comments of the expert reviewers and attached below are the replies to the reviewer's comments point by point. We also included the required changes in the revised manuscript (highlighted in yellow).</p>
<p>1 MANUSCRIPT REVISION DEADLINE We request that you submit your revision in no more than 14 days. Please note that you have only two chances for revising the manuscript.</p>	<p>We submitted the revised manuscript before the assigned deadline. Thank you.</p>
<p>2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT Please login to the F6Publishing system at https://www.f6publishing.com by entering your registered E-mail and password. After clicking on the "Author Login" button, please click on "Manuscripts Needing Revision" under the "Revisions" heading to find your manuscript that needs revision. Clicking on the "Handle" button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the "Decline" button, and the manuscript will be WITHDRAWN.</p>	<p>This step of revising the manuscript was done. Thank you</p>



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<p>3 SCIENTIFIC QUALITY Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report, and highlighted the revised/added contents with yellow color in the revised manuscript. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:</p>	<p>This step was done. Please find the point-by-point response to each of the issues raised in the peer review report in the table with a reply to each reviewer's comment below. Thank you</p>
<p>4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A). Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript. Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.</p>	<p>Professional language polishing was done, and all errors were resolved. The whole manuscript underwent an English revision by native English speakers before submission of this revision. Moreover, we submitted the manuscript to a professional English language editing company "Editage: https://app.editage.com/." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate along with the Track changed manuscript as a supplementary material. Thank you</p>
<p>5 ABBREVIATIONS In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.</p>	<p>All the abbreviations used in the manuscript were defined upon first appearance and followed the listed rules. Thank you.</p>



The basic rules on abbreviations are provided here:
(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

The manuscript was revised according to the Editorial Office's comments and suggestions.
Thank you



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<p><i>(1) Science editor:</i></p>	<p>Thank you so much for preliminary accepting our study for publication in your esteemed journal. We really appreciate your precious time and great efforts.</p>
<p><i>(2) Company editor-in-chief:</i></p> <p>I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Pediatrics, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.</p>	<p>Dear editor-in-chief, Thank you so much for preliminary accepting our study for publication in your esteemed journal. We really appreciate your precious time and great efforts.</p>
<p>Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2023.</p>	<p>The original figure documents were prepared and arranged using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Please note, that in Figure 1, three pictures have been replaced with other original pictures, while the remaining three pictures were original and were not changed. The clip art of Figure 1 is adopted from URL: https://nursekey.com/vital-signs/ and the reference source was indicated in the figure legend. 'Copyright ©The Author(s) 2023' was inserted at the bottom right-hand side of the picture in PowerPoint figures. Thank you</p>
<p>Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use</p>	<p>The standard three-line tables were provided, and all the mentioned requirements were implemented. Thank you</p>



<p>carriage returns or spaces to replace lines or vertical plines and do not segment cell content.</p>	
<p>7 STEPS FOR SUBMITTING THE REVISED MANUSCRIPT</p>	
<p>Step 1: Author Information</p> <p>Please click and download the Format for authorship, institution, and corresponding author guidelines, and further check if the authors names and institutions meet the requirements of the journal.</p>	<p>Done. Thank you.</p>
<p>Step 2: Manuscript Information</p> <p>Please check if the manuscript information is correct.</p>	<p>The manuscript information has been checked and changes were highlighted in yellow. Thank you.</p>
<p>Step 3: Abstract, Main Text, and Acknowledgements</p> <p>(1) Guidelines for revising the content: Please download the guidelines for Original articles, Review articles, or Case Report articles for your specific manuscript type (Retrospective Cohort Study) at: https://www.wjgnet.com/bpg/GerInfo/291. Please further revise the content your manuscript according to the Guidelines and Requirements for Manuscript Revision.</p> <p>(2) Format for Manuscript Revision: Please update the format of your manuscript according to the Guidelines and Requirements for Manuscript Revision and the Format for Manuscript Revision. Please visit https://www.wjgnet.com/bpg/GerInfo/291 for the article type-specific guidelines and formatting examples.</p> <p>(3) Requirements for Article Highlights: If your manuscript is an Original Study (Basic Study or Clinical Study), Meta-Analysis, or Systemic Review, the “Article Highlights” section is required. Detailed writing requirements for the “Article Highlights” can be found in the Guidelines and Requirements for Manuscript Revision.</p> <p>(4) Common issues in revised manuscript. Please click and download the List of common issues in revised manuscripts by authors and comments (PDF), and revise the manuscript accordingly.</p>	<p>The guidelines for original articles were followed regarding format for manuscript revision including the abstract, main text, acknowledgment, and article highlights. Moreover, the PDF of list of common issues is revised manuscripts by authors and comments has been reviewed and the manuscript has been revised accordingly. Thank you.</p>



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<p>Step 4: References</p> <p>Please revise the references according to the Format for References Guidelines, and be sure to edit the reference using the reference auto-analyser.</p>	<p>This has been done. Thank you.</p>
<p>Step 5: Footnotes and Figure Legends</p> <p>(1) Requirements for Figures: Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file, and submit as “88864-Figures.pptx” on the system. The figures should be uploaded to the file destination of “Image File”. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s). Please click to download the sample document: Download.</p> <p>(2) Requirements for Tables: Please provide decomposable Tables (in which all components are movable and editable), organize them into a single Word file, and submit as “88864-Tables.docx” on the system. The tables should be uploaded to the file destination of “Table File”.</p> <p>Reminder: Please click and download the Guidelines for preparation of bitmaps, vector graphics, and tables in revised manuscripts (PDF), and prepare the figures and tables of your manuscript accordingly.</p>	<p>All the requirements for the figures and tables were followed. Thank you.</p>
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<p>9 CONFLICT-OF-INTEREST DISCLOSURE FORM</p> <p>Please click and download the fillable ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF), and fill it in. The Corresponding Author is responsible for filling out this form. Once filled out completely, the Conflict-of-Interest Disclosure Form should be uploaded to the file destination of 'Conflict-of-Interest Disclosure Form'.</p>	<p>The ICMJE Form for Disclosure of Potential Conflicts of Interest (PDF) was filled and uploaded.</p> <p>Thank you.</p>



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Pediatrics

Manuscript NO: 88864

Title: Fever assessment in children under five: Are we following the guidelines?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 04729411

Position: Peer Reviewer

Academic degree: MD

Professional title: Consultant Physician-Scientist

Reviewer’s Country/Territory:

Author’s Country/Territory: Bahrain

Manuscript submission date: 2023-10-13 17:57

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-05

Reviewer performed review: 2023-12-07 15:49

Review time: 2 days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
Scientific significance of the conclusion in this	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance



manuscript	
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

	Reviewer Comments	Authors reply
Reviewer # ID 04729411	<p>Scientific Quality: Grade B (Very good) Novelty of This Manuscript: Grade B (Good) Creativity or Innovation of This Manuscript: Grade A (Excellent) Scientific Significance of the Conclusion in This Manuscript: Grade B (Good) Language Quality: Grade B (Minor language polishing) Conclusion: Accept (General priority)</p>	<p>Dear reviewer, Thank you so much for accepting to review our manuscript. We really appreciate your precious time and great efforts. Thanks again for your valuable comments and advises to improve the quality of our manuscript. We accepted all the comments and below are the replies to the comments point by point. We also included the required changes in the revised manuscript (Tracked changed and highlighted in yellow). Thank you</p>
	<p>Dear Authors, Thank you for sharing your experience.</p>	<p>Thank you so much for the encouraging comments and for all the valuable advises to improve our manuscript.</p>
	<p>Your manuscript needs editing by a native English physician, due to many grammatical errors.</p>	<p>Thanks again for your constructive feedback to improve our manuscript. The entire manuscript underwent revision and editing by a native English physician to ensure clarity, precision, and lack of grammatical errors before submission of this revision. Moreover, we submitted the manuscript to a professional English language editing company "Editage: https://app.editage.com/." Who made the English language polishing as suggested by the journal. Please find the attached the English editing certificate along with Tracked changed manuscript as a supplementary material. Please note, that in Figure 1, three pictures have been replaced with other original</p>



		<p>pictures as per editor’s advice, while the remaining three pictures were not changed. The clip art of Figure 1 is adopted from URL: https://nursekey.com/vital-signs/ and the reference source was indicated in the figure legend.</p> <p>Thank you</p>																								
	<p>For example, you can compare the discussion part in the attached file. Male predominance of infants may be due to a higher birth rate of male neonates. Therefore, you can refer to the national registry. Good Luck.</p>	<p>We found your suggestion to investigate male predominance insightful. We agree that exploring a potential link between birth rate of males and higher number of male admissions might be of relevance to our discussion.</p> <p>As recommended, we referred to Bahrain’s birth and death registration system database, and we can confirm that the data indeed indicates higher birth rate of males. Accordingly, the discussion section of our manuscript was revised, and this valuable information has been included.</p> <p>We must note that our study population comprised of children with age ranging from birth to five years, and that the latest available official health statistics was of the year 2020, which was published on 31/5/2022. Subsequently, we included the last five years available in the public records as shown in the following table:</p> <p style="text-align: center;">Reported live births</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Year</th> <th>Total number</th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>18042</td> <td>9120 (50.5)</td> <td>8922 (49.5)</td> </tr> <tr> <td>2019</td> <td>18611</td> <td>9391 (50.5)</td> <td>9220 (49.5)</td> </tr> <tr> <td>2018</td> <td>19740</td> <td>10206 (51.7)</td> <td>9534 (48.3)</td> </tr> <tr> <td>2017</td> <td>20581</td> <td>10390 (50.5)</td> <td>10191 (49.5)</td> </tr> <tr> <td>2016</td> <td>20714</td> <td>10677 (51.5)</td> <td>10037 (48.5)</td> </tr> </tbody> </table> <p>Ministry of Health. Health Statistics 2020. 31 May 2022. Cited 11 Dec 2023. Available from: https://www.moh.gov.bh/Content/Files/Publications/statistics/HS2020/PDF/CH-03-vital%20stat_2020%20(2).pdf</p> <p>The following paragraph has been modified in the discussion:</p>	Year	Total number	Male	Female	2020	18042	9120 (50.5)	8922 (49.5)	2019	18611	9391 (50.5)	9220 (49.5)	2018	19740	10206 (51.7)	9534 (48.3)	2017	20581	10390 (50.5)	10191 (49.5)	2016	20714	10677 (51.5)	10037 (48.5)
Year	Total number	Male	Female																							
2020	18042	9120 (50.5)	8922 (49.5)																							
2019	18611	9391 (50.5)	9220 (49.5)																							
2018	19740	10206 (51.7)	9534 (48.3)																							
2017	20581	10390 (50.5)	10191 (49.5)																							
2016	20714	10677 (51.5)	10037 (48.5)																							



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'This study found a male predominance (58.8%) among the children who required hospital admission. This trend is consistent with the results of other studies conducted in different countries. This percentage is similar to that reported by Mehdi *et al.*^[12] in Pakistan and Ambaye *et al.*^[13] in Ethiopia (58% each) and comparable with that observed by Alam *et al.*^[14] and George *et al.*^[15] in Bangladesh and Nepal (51% and 71%, respectively). However, the reason for this male predominance has not been extensively studied. A reasonable explanation for this may be the higher male birth rate in this population. With regard to live birth statistics from Bahrain's national registry, although there is a consistently higher birth rate of boys than of girls, the difference is relatively modest. According to the latest available records from 2016 to 2020, the difference in birth rates was between 50.5% and 51.7%^[16]. While these percentages reflect a male predominance in the birth rate, they are unlikely to be the major contributing factor to the higher male predominance reported in our study. This male predominance may also be attributed to a sex bias in the health-seeking behavior of parents^[14,17]. Other potential reasons include sociocultural variations and biological/genetic differences in disease susceptibility across the sexes. However, the sex distribution requires further investigation.'

Your suggestion has strengthened the quality of our research.
Thank you so much.

Yours sincerely,

Dr. Hasan M. Isa

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Associate Professor, Arabian Gulf University, Manama, Bahrain. Tel: +973-66364449. Office:

+973-17284547. Fax: +973-17279738. Email: halfaraj@hotmail.com.