

Responses to the issues raised in the peer-review reports.

First of all, thank you for your comments.

Reviewer #1: Very well written, few grammar mistakes. Interesting article, with a substantial number of patients for a single-center study. Here are some specific insights:

1. In the abstract:

a) Regarding the background: Surgery is not the only way to treat Intussusception. If there are no clinical signs of peritonitis and the patient is not hemodynamically unstable, treatment through ultrasound-guided hydrostatic reduction can be attempted.

Answer: We have revised it according to your opinion.

b) The conclusion appears to leave aside the non-complex cases and, according to your results, it is safe not only in complex conditions. With your results, it can be stated that, in general, it is a safe approach, even in complex cases.

Answer: We have revised it according to your opinion.

2. In the Complete text: a) In the introduction: The word segment repeatedly appears in the first sentence of the paragraph; variety can take place, replacing one of them with the word "part." Also, the word traditional though it is a correct translation to English, the word conventional best fits the academic medical language.

Answer: We have revised it according to your opinion.

In Materials and methods: The last sentence can be rephrased to an active voice like this: The committee waived the requirement for informed consent because of the study's retrospective nature.

Answer: We have revised it according to your opinion.

c) Well detailed surgical method, although this sentence is unclear: "The transverse was first searched for colon under the liver and then for the intussuscepted mass along the transverse colon."

Answer: We have revised it as: First, we find the hepatic segment of the transverse colon below the liver, and then find the intussusception along its proximal direction.

d) Results and discussion are well structured and have interesting insights regarding the advantages and disadvantages of laparoscopic surgery in this pathology.

Answer: Thank you very much.

e) In the discussion, could be included a review whether the intestine fixation to the abdominal wall can be an associated risk factor for volvulus in the long run.

Answer: In our opinion, intestine fixation to the abdominal wall may be an effective method for intussusception. Although this method of intestine fixation to the abdominal wall has not occurred intestinal torsion in this study, but we do not know whether it is a risk factor for intestinal torsion. Therefore, we need longer follow-up time and more cases.

We have revised it according to your opinion.

3. In the Conclusion: a) The sentence: "and if an extension of the umbilical incision is used if needed." Has a grammar mistake, the first "if" must be erased for the sentence to have the correct meaning.

Answer: We have revised it according to your opinion.

b) Among the conclusion, it may be stated that after a failed endoscopic reduction attempt, the laparoscopic approach is a feasible alternative.

Answer: We have revised it according to your opinion.

4. The manuscript is appropriately structured and serves its purpose. Prospective multicenter cohort studies may use this research as a starting point.

Answer: Next, we can take the results of this study as a starting point for further prospective multicenter cohort studies.

Thank you very much.

Reviewer #2: These research would be more sound if it would have more sample size. May be including cases from other hospitals/regions in the country.

Answer: Next, we can take the results of this study as a starting point for further prospective multicenter cohort studies. Thank you very much.

Reviewer #3: The authors have presented a retrospective study of pediatric intussusception cases treated by laparoscopic approach. I have following comments regarding the manuscript. 1. Abstract - Please mention the number of patients requiring bowel resections in the Results section of Abstract. Also, modify the conclusion as 'Laparoscopic approach for pediatric intussusception is feasible and safe. Bowel resection if required can be performed by extending umbilical incision without the conventional laparotomy.'

Answer: We have revised it according to your opinion.

2. Methods - First mention the indications and contra-indications for laparoscopic surgery for pediatric intussusception followed at your center. Then mention the inclusion and exclusion criteria to select the patients for this study. Also, mention whether consecutive cases were included in this study. Please mention whether all the cases were operated by the same surgical team or different teams. There are lot of grammatical mistakes in the description of the surgical method. Please edit them to make it more clear.

Answer: We have revised it according to your opinion. The cases in this study were consecutive cases and were operated by the same surgical team.

3. Results - Please analyze the factors associated with conversion to open such as age, duration of symptoms, etc.

Answer: In this study, most of the cases converted to open surgery were suspected of intestinal lesions. At present, the number of cases is small, We should continue to collect more relevant cases for further analysis.

4. Please mention if intraoperative colonoscopy was performed to facilitate reduction of intussusception or examination of the ileal mucosa.

Answer: We believe that intraoperative colonoscopy is not helpful for the reduction of intussusception, but it may be helpful for the ileal mucosa examination of some complicated cases with suspected organic lesions.

5. Please mention the reasons why bowel resections were not performed laparoscopically in complicated cases.

Answer: Because we have no clinical experience of bowel resections performed laparoscopically before. Sometimes it is difficult to determine whether there are organic lesions in the intestine under laparoscopy.