

Answering Reviewers

1. *The authors reported that the onset of GI symptom at the age under 6 years is the independent risk factor for intussusception. And another paper reported that the same phenomenon. Why are younger children likely to have intussusception than older children?*

Response: HSP tends to occur at 4-6 years of age, and children with HSP at younger ages may have more serious clinical process, which may be related to the fact that HSP children under 6 years of age are more prone to in 在文 tussusception. (It has been explained on page 9.)

2. *The authors described that the ileal intussusception is the most common type of intussusception. How about the condition (edema or mucosal change,etc.) of the leading part of intussusception?*

Response: Pathological results mainly showed: full-thickness congestion, hemorrhage, necrosis of intestinal wall, fibrinoid necrosis of small vessel wall, multiple neutrophils infiltrate on the wall and around the small vessel. Some mucosal lamina propria and submucosa were highly edema. The lamina propria and submucosa were infiltrated by acute and chronic inflammatory cells, such as sheet neutrophils, eosinophils and plasma cells. (It has been explained on page 8.)

3. *The second common type of intussusception is ileocolic type. Some papers reported that the mobile cecum associated with ileocolic intussusception. Are there any relationship between HSP and mobile cecum?*

Response: The 60 children in this study had no history of right lower abdominal pain, intussusception or intestinal obstruction, In 48 cases with surgical treatment, no mobile cecum was observed during operation, and no case of intussusception in HSP with mobile cecum has been reported so far, therefore, the relationship between the two is unclear.

4. *The authors reported that some risk factor for intussusception in this study. Are these risk factors able to predict the intestinal condition (ischemia or necrosis)? And can these factors also predict the method of operation (intestinal resection or reduction)?*

Response: In this study, 48 cases of children with intussusception treated by surgical treatment were divided into two groups according to the presence or absence of intestinal necrosis (18 cases with intestinal necrosis and 30 cases without intestinal necrosis). There was no significant difference in age, gender, course of disease, glucocorticoid therapy, symptoms, laboratory test results, intussusception site, intussusception length and diameter between the two groups ($P > 0.05$). According to the operation method, 48 cases were divided into two groups (18 cases of intestinal resection and 30 cases of manual reduction). There was no significant difference in the above factors ($P > 0.05$). The results were considered to be related to the small number of cases, and there was no positive result, so it was not discussed in this paper. It is hoped that it can be further discussed through multi-center large-sample study in the future.