Reviewer #1: This study contains very interesting reports on recurrent Clostridium difficile infections. Very important report - Fecal transplant in this pediatric patients is highly effective and result in durable gut microbial changes. My attention - only twelve children with CDI.

Thank you. This speaks to the unique population being studied. Recurrent clostridium difficile infection is very uncommon in children. The major risk factors include immunesuppression and inflammatory bowel disease. Excluding children with known immunedeficiency and inflammatory bowel disease makes this article even more unique. It is the highest number of children published with this description

Reviewer #2: I read with interest your manuscript and I have following comments: 1. I am afraid you have not followed the instruction for authors when submitting a manuscript to WJG: -core-tip is lacking -References: please, take care at style for journal references. **We have edited the paper to follow style for journal** 2. Abstract. You mentioned that 4 patients had new pathology identified, including IBD (1), eosinophilic colitis (1) and CDI symptoms resolved after treatment of colitis without target therapy for CDI. However, in Table 1 there are more children with other pathology such as eosinophilic esophagitis and lactase deficiency (3). **Text edited to clarify that there were 5 children with underlying pathology identified.** You mentioned that all patients were treated with antibiotic courses for CDI? How did you differentiate the response? **Antibiotics were administered to treat c diff for all children prior to being seen at the tertiary care center. They all failed thus referral made to tertiary center (please see first paragraph in results section).** 3. Methods: it is hard to understand that all children were evaluated at a pediatric gastroenterology service for several episodes of CDI associated with bloody diarrhea without being investigated for differential diagnosis with IBD proctitis! **The prior evaluations were done by their primary care physicians (please refer to first paragraph in methods section).** Stool microbiome methods-too detailed, difficult to be followed by readers. **Methods simplified.** 4. It is not clear if the study was prospective or retrospective (confusing results-"12 children seen consecutively.".and the "charts were reviewed"). **This was a retrospective study describing children who were seen consecutively.** The number of children included is very small. **Please see above.** Conclusion is confusing and should be rewritten in a more clear way. **Conclusion has been revised.**