

Dear reviewer,

Thank you for your interest in our study and the comments on our manuscript.

The following are the answers to the three questions.

1. What percentage of patients in both groups had atopic diseases (and what type). What difference did it make to the controls?

Among the 122 patients enrolled in our study, 2 patients had history of allergy, one from the EGE group (n=7) and the other from the non-EGE group (those who didn't meet the diagnostic criteria of EGE, n=115). The former had a pollen allergy, whereas the later was allergic to shellfish. However, due to the limited number of patients involved in the study, statistical analysis revealed that there was no statistical significance between two groups in term of presence of atopic disease. Because we had written this content in our manuscript, we just highlighted it in red font in the manuscript.

2. What medication was given to the patients with the diagnosis? What is the response?

All 7 patients with EGE received oral prednisone treatment at an initial dose of 30-40 mg/day, combined with dietary restrictions, proton-pump inhibitors or mucosal protective agents. After a week of treatment, all the patients noticed a remarkable improvement in their symptoms. The dosage of prednisone was gradually decreased to 5-10 mg/d. The complete treatment course varied from 4 and 12 weeks according to the response of each patient toward the treatment. A follow-up of all 7 patients revealed that, to date, none of them complained of symptom relapse. Because we had written all the details in our manuscript, we just highlighted it in red font in the manuscript.

3. Do the authors propose any algorithm for research and diagnostic criteria for this pathology?

For a better research on eosinophilic gastroenteritis, and to be able to generalize

the outcome of the research, we propose that the same study can be performed on a bigger sample, for a longer study period, in different research centers, ideally, among different races.

Based on the results of our study, we suggest that, for a better diagnosis of EGE, while investigating a patient with long standing gastrointestinal symptoms that failed to resolve after use of standard gastritis therapy, physicians should perform gastroscopy with multiple sites biopsy to rule out EGE, regardless of the presentation of the GIT mucosa under endoscopy. For highly suspected patients with negative founding by gastroscopy, a colonoscopy is necessary to acquire evidence of EGE. Furthermore, in some cases a repeat endoscopy may be useful. Special attention should be paid for the patients with symptoms longer than 6 months, because they are more likely to suffer from EGE compared to the patients with acute symptoms. Finally, waiting to observe an increase in the peripheral eosinophil count before considering EGE is a huge mistake, a normal or relatively low level of peripheral eosinophil can be noted in EGE patients especially those with mild symptoms.

Best regards,

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