

Dear Editor and Reviewers,

We would like to express our sincere thanks to the reviewers and editor for the suggestions and comments, which are beneficial for strengthening our manuscript. We have addressed the comments point by point, and the amendments are highlighted in yellow in the revised manuscript.

Replies to Reviewer #1:

The benefits are clear.

Response:

Thanks for the positive comments.

Replies to Reviewer #2:

1. One-session treatment methods should be mentioned such as Transanal pullthrough.

Response:

Thank you for spending time reading my paper and offering your suggestions. We agree with you that one-stage treatment method should be mentioned. In 1948, Swenson first reported a staged repair by transabdominal pull-through operation, followed by a closure of the colostomy of Hirschsprung's disease (HD) ^[1]. Since 1980, one-stage pull-through has been reported to be safe and effective in HD ^[2-4]. In 1998, De la Torre-Mondragon et al. ^[5] first described single-stage transanal endorectal pull-through in the newborn, which was widely used in the treatment of rectosigmoid HD without complications ^[6-9]. With the development of laparoscopy, laparoscopic operation was increasingly applied in various types of HD. We have added corresponding part in the revised manuscript. (Page 4, Paragraph 1 and Page 6, Paragraph 1)

References

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3. **Pierro A**, Fasoli L, Kiely EM, Drake D, Spitz L. Staged pull-through for rectosigmoid Hirschsprung's disease is not safer than primary pull-through. *J Pediatr Surg* 1997;32:505-509. [PMID: 9094029 DOI: 10.1016/s0022-3468(97)90617-5]
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5. **De la Torre-Mondragon L**, Ortega-Salgado JA. Transanal endorectal pull-through for Hirschsprung's disease. *J Pediatr Surg* 1998;33:1283-1286. [PMID: 9722005 DOI: 10.1016/s0022-3468(98)90169-5]
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7. **Elhalaby EA**, Hashish A, Elbarbary MM, Soliman HA, Wishahy MK, Elkholy A, Abdelhay S, Elbehery M, Halawa N, Gobran T, Shehata S, Elkhoully N, Hamza AF. Transanal one-stage endorectal pull-through for Hirschsprung's disease: a multicenter study. *J Pediatr Surg* 2004;39:345-351; discussion 345-351.[PMID: 15017550 DOI: 10.1016/j.jpedsurg.2003.11.038]
8. **Hadidi A**. Transanal endorectal pull-through for Hirschsprung's disease: experience with 68 patients. *J Pediatr Surg* 2003;38:1337-1340.[PMID: 14523816 DOI: 10.1016/s0022-3468(03)00392-0]

9. **Dasgupta R**, Langer JC. Transanal pull-through for Hirschsprung disease. *Semin Pediatr Surg* 2005;14:64-71. [PMID: 15770590 DOI: 10.1053/j.sempedsurg.2004.10.027]

2. Which type of enterostomy did the prolapse develop? Should be explained.

Response:

There were 2 patients with stomal mucosal prolapse in the transumbilical enterostomy (TUE) group and 1 patient in the conventional abdominal enterostomy (CAE) group (8.33% vs 3.45%, $P > 0.05$). In the repair of the proximal intestine in 3 patients with stomal mucosal prolapse, 2 patients with transverse colostomy of the TUE group were successfully accepted the reoperation for transumbilical enterostomy, and 1 patient with terminal ileostomy of the CAE group underwent the reoperation for conventional abdominal enterostomy. The causes of stomal mucosal prolapse in 3 patients were proximal intestinal redundancy and frequent crying. We have revised this part in the revised manuscript. (Page 10, Paragraph 2)

3. Should be compared with single session methods.

Response:

Thank you for your insightful comment. Our study was aimed at patients with enterostomy of Hirschsprung's disease. Our next step is planning to compare the safety, efficacy and cosmetic results of transumbilical enterostomy in single-barreled fashion and the two-stage laparoscopy-assisted pull-through of HD with stoma closure with one-stage operation.

4. How is evaluated umbilicus loss? Should be explained.

Response:

The umbilicus after two-stage laparoscopy-assisted pull-through with stoma closure is not a normal umbilicus, but its appearance is closely similar to

a normal umbilicus, indicating that the umbilicus is not lost. The original manuscript we have written the following umbilical reconstruction after the two-stage laparoscopy-assisted pull-through of HD with stoma closure. The following is a section of the original manuscript method: By leaving a central open area to create a deep circular scar resembling a normal umbilicus, umbilical wound was reconstructed with a subcutaneous purse string suture of 4-0 absorbable sutures. We have highlighted the original sentence in the revised manuscript. (Page 9, Paragraph 2) Umbilicus is a natural cavity, and we would reconstruct the umbilicus to closely resemble the normal umbilicus and had superior cosmetic results.

Best wishes

Sincerely yours:

Pei-Pei Xu

and Shao-Tao Tang

10th November, 2019