

IRCCS Materno Infantile Burlo Garofolo - Dipartimento di Pediatria
S.C. Chirurgia e Urologia Pediatrica - Direttore Dott. Jürgen Schleef

Trieste, 30/01/2024

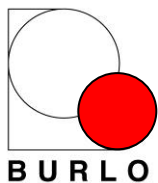
*Andrzej S Tarnawski, DSc, MD, PhD, Professor,
Department of Gastroenterology Research,
University of California Irvine
and The Veterans Administration Long Beach Healthcare System,
Long Beach, CA 90822, United States*

Dear Editor-in-chief,

Thank you for considering our manuscript NO.: 91232, *Editorial*, entitled “*Pediatric Strictureing Crohn's Disease*” for revision and publication. Enclosed you will find point-by-point response to the reviewers' comments.

Reviewer #1:

1) I have reviewed the paper by Boscarelli and Bramuzzo and have the following remarks: In abstract, delete constantly, delete in particular, delete of the bowel, delete and The estimated ...On page 3, the etiology of CD is still unknown (The pathogenesis is established.) sentence three: assumed to result from, sentence 4: delete symbiotic, sentence 9: delete parentheses, sentence 13: delete can, sentence 14: delete of CD in pediatric patients, page 4, line 1, delete However, line 3 bowel comma, line 5 needs a reference, delete Notably line 7 delete in details, line 8 should be given consideration, line 9 in which, line 11 delete also, line 12 CD40 on what cells?, line 13 and this, line 14, delete Nonetheless, line 15, delete development, line 17, delete Delphine, line 18, delete diagnosed, line 19 recognized before the age, line 20 what does positively impacted mean?, more resections or fewer?, line 21, delete Nevertheless, on page 5, line 3, In 2022 a, female gender, line 4 stricturing, line 5 delete needing, line



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6, patients who had undergone , line 9 delete interestingly, line 10, delete avoid, managing pediatric SCD.

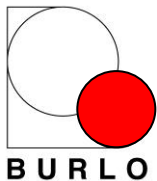
With, line 11, rate it, line 19 will likely influence this evolutionary process

Response: We appreciate the Reviewer's comments. All the suggested corrections have been made accordingly. Please, see the revised version of the manuscript for more details. Moreover, the manuscript was sent for English language editing (please, see the certificate enclosed as supplemental material).

Reviewer #2:

1) This review is well written and comprehensive but a concrete evidence below is dealing with development of stenosis from the initial attack of CD. Please refer it.. Long-term course of Crohn's disease in Japan: Incidence of complications, cumulative rate of initial surgery, and risk factors at diagnosis for initial surgery. Yuho Sato, et al. J Gastroenterol Hepatol 30 (2015) 1713–1719 They started to follow-up 520 patients with initial attack of CD with the mean age at diagnosis was 25.2 years. The incidence for each disease behavior at baseline from the day of diagnosis was 81% for B1, 14% for B2, and 5% for B3. The cases were mostly B1 at baseline, but after 5 years, the percentages changed to 46%, 35%, and 19%, respectively, for B1, B2, and B3; with B2 and B3 increasing thereafter. The other part has no problems

Response: We appreciate the Reviewer's comment. According to suggestions, the following sentence with related reference were added in the manuscript: *"Interestingly, Sato et al. [8] conducted a retrospective, single-center study of a cohort of 520 patients with initial CD attacks and a mean age at diagnosis of approximately 25 years; they concluded that stenosis or fistula appeared in about half of the patients after*



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5 years. Moreover, in patients with upper gastrointestinal disease or small intestinal lesions at the time of diagnosis, the cumulative rate of initial surgery was seemingly higher [8].”

Thanks again for reconsidering our paper for revision and publication. Please feel free to contact me if you have any questions.

Yours sincerely

*Alessandro Boscarelli, M.D.,
Department of Pediatric Surgery and Urology
Institute for Maternal and Child Health - IRCCS “Burlo Garofolo”
Trieste, Italy
Telephone: 0039 040 3785372
Fax: 0039 040 3785537
Personal e-mail: tboscar@hotmail.it*

Istituto di Ricovero e Cura a
Carattere Scientifico materno infantile

Burlo Garofolo

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nazionale per la salute della donna e del bambino

● 34137 Trieste ● via dell'Istria 65/1 ● tel.+39.040.3785.372 ● fax +39.040.3785.537 ● cf. 00124430323 ●