

Peer Review File

Article information: <https://dx.doi.org/10.21037/tp-23-183>

Reviewer A

Paper is really interesting but I think that some important changes are necessary before publishing.

COMMENTARIES

1.- It is important to clear those findings are limited to bacterian vulvovaginitis.

Thank you for your suggestion. We have that in the inclusion criteria.

Changes in the text: We have modified our text as advised (see Page 1, line 29)

2.- Muestral size calculation should be better exposed, so as confident intervals and error assumption.

Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 5, line 8-16)

3.- Protocols of diagnosis so as treatments employed are not exposed.

Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 6, line 3-21)

4.- From my point of view chil of 11 years old can nor be equalized to the one of 3 years old. Neither diagnosis, nor treatments or follow up can be homogeneized. For example, a 11 years old child can be answered about symptoms while 3 years old can only be diagnosed anf treated following her parents' impressions.

Thank you for your suggestion.

Changes in the text: We have modified our text as advised (see Page 7, line 7-9)

5.- It would be interesting to note that most symptoms of vulvovaginitis are subjective.

Thank you for your suggestion. It is true that a significant proportion of clinical diagnosis is based on the clinical symptoms of the child, but we also take samples of the child's vaginal discharge and send them for testing to determine the occurrence of bacterial infection.

Changes in the text: We have modified our text as advised (see Page 6, line 3-8)

6.- Parental anxiety and depression can depend of other factors independent from their child illnesses.

Thank you for your suggestion. When we study the independent risk factors of parents' negative emotions, we mainly consider the clinical symptoms of the child. Such statistics are more in line with the main idea of this study.

I think that if article clears these items, it would be an interesting contribution.

Reviewer B

1) First of all, depressive and anxiety symptoms cannot be “negative emotions” since this term broader than depressive and anxiety symptoms such as loneliness and angry. The analysis on the factors associated with depressive and anxiety symptoms is only based on cross-sectional sample, so the term “risk factors” is inappropriate. The authors need to revise the title and elsewhere accordingly. The other major concern for this study is that the authors did not consider the treatment of vulvovaginitis and its efficacy as potential factors associated with depression and anxiety, as well as the prognosis. This is an important factor and should not be ignored.

Thank you for your suggestion. We refer to relevant articles published in recent years and find that a considerable number of articles use SAS and SDS scales to evaluate negative emotions, so we think it is OK to use negative emotions in the article. In addition, this study is a cohort study, so the term risk factor is applicable. As for the second question, since we assessed the parents when the children were admitted to hospital, we did not need to consider the influence of treatment and efficacy on them. In addition, all the children were treated according to the guidelines, so the deviation of the influence of treatment and efficacy on the prognosis was small.

2) Second, the abstract needs further revisions. The background did not indicate the knowledge gaps on the depressive and anxiety symptoms in parents of girls with vulvovaginitis and their prognostic roles, as well as the clinical significance of the two research focuses. Please delete “analyze the clinical characteristics of children with vulvovaginitis”, which is not the focus of this study. The methods need to describe the inclusion of subjects, the assessment of baseline clinical factors and depressive and anxiety symptoms, follow up procedures, and measurements of prognosis of vulvovaginitis. The results need to report the baseline clinical characteristics of the study sample and the prognosis at the end of the follow up, as well as the prevalence of depressive and anxiety symptoms. Please also quantify the prognostic role of depressive and anxiety symptoms by providing OR and P values. The conclusion needs to be more detailed for the clinical implications of the findings.

Thank you for your suggestion. We have revised the abstract, but with the limitation of the numbers of words in the abstract, we have elaborated in more detail in the text.

Changes in the text: We have modified our text as advised (see Page1, line 23-27 and 29-31; Page 2, Line4-5,7-8,11-12, 17-23)

3) Third, in the introduction of the main text, the authors need to analyze what has been known on the epidemiology of depression and anxiety in parents of girls with of vulvovaginitis and their prognostic roles for of vulvovaginitis, analyze the

limitations and knowledge gaps of prior studies, and clearly describe the potential clinical significance of the two research focuses.

Thank you for your suggestion. We have revised it in the article.

Changes in the text: We have modified our text as advised (see Page 4, line 13-28)

4) Fourth, the methodology of the main text needs to clearly and accurately describe the clinical research design, a cross-sectional survey for the epidemiology of depressive and anxiety symptoms, and a retrospective cohort study for the prognostic role of depressive and anxiety symptoms. Accordingly, sample size estimation procedures for the two studies should be described, not the current rule of thumb. In statistics, please describe the details for ascertaining the independent prognostic role of depressive and anxiety symptoms and how factors were selected from the multiple logistic regression analyses.

Thank you for your suggestion. We have added detailed details about the sample size estimation in the paper. We adopt the method of binary Logistics regression, which is mainly used for the influence of the analyst's negative emotions on children's bacterial vaginitis. Therefore, the research factors in this paper are selected, which are more consistent with the content of this study.

Changes in the text: We have modified our text as advised (see Page 5, line 16)