

## Peer Review File

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### Reviewer A

**Comment 1:** There seems to be repetition of statements in abstract and introduction (page 2, lines 48-55). Please consider modifying this to make it less repetitive for the reader.

**Reply 1:** Redundant information has been deleted in the abstract.

Changes in the text: “Problems like insertion site infection...” has been deleted in the abstract.

**Comment 2:** Please refrain from implying definitive diagnosis of ‘duodenal obstruction’ e.g. line 54, page 2. This cases series suggests ‘SUSPECTED duodenal/small intestinal obstruction’.

**Reply 2:** The adjective “suspected” has been added before duodenal obstruction.

Changes in the text: Wordings changed to “suspected duodenal obstruction” in both the abstract and the introduction.

**Comment 3:** I appreciate the authors mentioning two broad categories in pediatric population requiring gastrostomy (indications for gastrostomy placement in children mentioned in discussion; page 4, line 106-108) which would thoroughly include multiple group of pediatric disorders under the umbrella of mentioned ‘neurodevelopmental diseases’ and ‘malformation of aerodigestive tract’. Additionally, I would recommend expanding on these indications to include other important groups like patients with ‘craniofacial abnormalities’.

**Reply 3:** “craniofacial abnormalities” has been added to the indications of gastrostomy.

Changes in the text: The amendment is made in the first line of Discussion.

**Comment 4:** It would be beneficial to mention a reference for Deemster score use in pediatrics and it’s correlation and sensitivity in terms of pediatric gastroesophageal reflux disease.

**Reply 4:** This information has been added in Discussion.

Changes in the text: Prior to the surgery, the patient would undergo a 24-hour pH and impedance study to rule out gastroesophageal reflux (21), with a sensitivity of over 80% (22). Acidic reflux is evident by either a DeMeester score  $\geq 14.72$ , or pH  $< 4$  in one or more of the following: more than 5.5% of total time; more than 8.3% of total upright time; or more than 3% of total supine time (23). Non-acidic reflux is detected by impedance analysis.

**Comment 5:** The detailed surgical approach mentioned in discussion (page 5, line 123-127) is unnecessary. Consider minimizing it and eliminating details irrelevant to the article for e.g. the type of stitches used etc.

**Reply 5:** The description of the operation has been shortened.

Changes in the text: Description on the placement of laparoscopic ports and formation

of pneumoperitoneum have been omitted.

**Comment 6:** Please consider fixing the diction mistake in the sentence stating ‘We report the above patients in order to alert caretakers of patients with gastrostomy tubes the possible risks in tube migration, especially in young children.’ (Page 6, line 167-168) to ‘We report the above patients in order to alert caretakers of patients with gastrostomy tubes about the possible risks in tube migration, especially in young children.’

**Reply 6:** Amended as per suggestion.

Changes in the text: Amended as per suggestion.

**Comment 7:** Consider replacing ‘obtain’ by ‘achieve’ in abstract line 32 and 46, page 2.

**Reply 7:** Amended as per suggestion.

Changes in the text: Amended as per suggestion.

**Comment 8:** Please word this sentence better (Line 33 and 55, page 2): ‘Problems like insertion site infection, leakage, over granulation, bleeding and buried bumper are low and acceptable.’ to potentially ‘Problems like insertion site infection, leakage, over granulation, bleeding and buried bumper are less/occur at lower rate and benign.’

**Reply 8:** The line has been changed to “Problems like insertion site infection, leakage, over granulation, bleeding and buried bumper are uncommon and benign”.

Changes in the text: Problems like insertion site infection, leakage, over granulation, bleeding and buried bumper are uncommon and benign.

## **Reviewer B**

**Comment 1:** Interesting report on rare cases of gastrostomies using a Foley catheter, This is certainly of interest to pediatric surgeons and other doctors as well as parents taking care of children with a gastrostomy.

**Reply 1:** Thank you.

Changes in the text: Not applicable.