

## Peer review file

Article information: <https://dx.doi.org/10.21037/acr-21-41>

### Reviewer A

Comment: While the article is well written, this case is not unique or rare. H.pylori gastritis is very common and presentation with anemia which can lead to syncope is not unheard of.

Reply : While H.pylori gastritis and associated anemia is not uncommon, the case highlights the need to consider anemia as a cause of syncope in an adolescent male (as opposed to the typical profile of an anemic patient being an adolescent female or an elderly patient). The case serves to review the differences in indications for H.pylori testing and treatment in children versus adults and also highlights recommendations from the ESPGHAN 2016 guidelines.

Changes in the text: Not applicable.

### Reviewer B

Comment: The authors report the patient presented syncope due to iron deficiency anemia (IDA) resulted from duodenal ulcer and H. pylori infection in this case report. Unfortunately, this report does not include any new information. IDA and peptic ulcer are well documented complications of H. pylori infection.

Reply: Although IDA and peptic ulcer are well documented, we believe that this case is worth writing up as it can raise the awareness of H.pylori infection amongst primary care providers in the adolescent population.

The case serves to review the differences in indications for H.pylori testing and treatment in children versus adults and also highlights recommendations from the ESPGHAN 2016 guidelines.

Changes in the text: Not applicable

### **Reviewer C**

Comment 1: Pound and kg are listed as units. You should align the units. Full spelling of PUD is needed.

Reply 1: Weight has been changed to be reflected in pounds. PUD has been changed to be spelt in full.

Changes in the text: Weight has been changed from kg to pounds, see page 4 lines 84. Peptic ulcer disease has been changed to be spelt in full, see page 6 line 121, and the appropriate abbreviation of PUD are used in page 6 line 130, and page 7 line 156.

Comment 2: You should select the picture of ulcer in the proximal duodenum. Your picture (Figure2) is not typical findings of H pylori gastritis. Adolescent infected with Helicobacter pylori usually show nodular gastritis. How was his mucosa? His mucosa looks like intestinal metaplasia. It doesn't look mucosal congestion

Reply 2: The images were reviewed with the adult gastroenterologist who performed the EGD and a pediatric gastroenterologist. The typical nodular gastritis associated with chronic inflammatory changes in the setting of H. Pylori infection are seen in the Figure 2. The diffuse mucosal congestion is also noted. Both providers assure that the image does not reflect intestinal metaplasia. In fact, intestinal metaplasia is largely a histological diagnosis, and not based on EGD. Unfortunately, the ulcer in the proximal duodenum was only visualized but not captured.

Changes in the text: Not available.

Comment 3: And We want to know the result of eradication therapy.

Reply 3: According to the last chart review as of 8/4/2021, a follow up breath test was ordered but not yet done by the patient.

Changes in the text: Not available.

Comment 4: “the prevalence of H. pylori infection in American children younger than 10-years of age is lower than 5% “you cited References7. It paper is written 14years ago

The information of prevalence of H. pylori infection in American children is too old.

Reply 4: A more recent reference has been substituted for the previous reference, using data from a recent meta-analysis in Iran published in 2017.

Changes in the text: See page 5 lines 113-114, where prevalence data from a recent meta-analysis from Iran has been included, with reference amended as per page 9, lines 219-222.