**Reviewer #1:**
This manuscript attempts to delineate the management of esophageal stricture
due to caustic ingestion.

The aim of the manuscript is not clear in the introduction section. Does it
pertain to Pediatric Surgery or General Surgery?
The study was done on children accidentally swallowing caustic substances in Department of Pediatric Surgery, Faculty of Medicine, Ain Shams University.

What type of study is it- a review, meta-analysis, or an original article? It appears to be a book chapter. This reviewer feels a bit confused.

It was a review article.

How did the authors reach this conclusion?
The conclusion was based on what was stated in the literature about the topic and was based also on authors' experience.

There is no mention of authors’ experience in this manuscript.
The authors experience was mentioned in the manuscript. The need for esophageal replacement decreased markedly in the last decade due to advancement in techniques of endoscopic esophageal dilatation.

References are no prepared as per the guidelines.
The references were revised and prepared as per the guidelines.

Whatever in mentioned can be accessed by reading a chapter about esophageal
stricture.
In this study, we collected data about what changed in the management of caustic esophageal strictures over the last decades and added our experience in this field.

**Reviewer #2:**

I read the manuscript titled “Caustic esophageal stricture from diagnosis
untill cure” with considerable interest. Overall, this is an educational, informative and well presented study. However, I have raised a few concerns which require to be addressed.

As there is a divide among surgeons with regard to the optimal timing (12-24
h Vs 6 weeks) of endoscopy following caustic injury, I would advise the
authors to cite studies, preferably RCTs, if any or well designed
meta-analsysis, instead of simply reasoning out as to why adopt a delayed
approach without citing the evidence for the same. If you have any data from
your experience (i.e. early Vs delayed endoscopy), you could include that as
well in your article and it would be valuable to the readers.
There are centers which adopt early endoscopy as an important tool estimating the degree of the injury. We adopted this approach at a time in our center, we found a high rate of esophageal perforation and the information obtained from this intervention did not affect the patient outcome significantly. We stopped doing this approach and standardized the time of first endoscopy to be 6 weeks after the caustic ingestion.

Finally, this manuscript needs English language editing with respect to few
of the grammatical errors as well as spelling mistakes that have crept in.
The manuscript was revised and corrected as appropriate.