**Author Response Letter.**

We thank the editorial team and the reviewers for their constructive comments. We have carefully revised the manuscript in accordance with the guidelines of the African Journal of Gastroenterology and Hepatology. Below is a point-by-point response:

**Reviewer 1:**

**Language editing.**

We want to thank the reviewer for their comments. We have revised the manuscript and improved the writing to align more closely with an academic style. Your feedback was valuable in this process, and we appreciate your insights. We have made several changes to enhance clarity and coherence throughout the document. We hope that these revisions meet your expectations and contribute to the overall quality of the manuscript.

**Reviewer 2:**

1. **Reviewer’s comment regarding the title:**

We thank the reviewer for this valuable suggestion regarding the title. We respectfully prefer to retain our original title, “Identifying Risk Factors and Evaluating Outcomes in the Management of Fistulizing Crohn’s Disease”, as it more accurately reflects the scope of our study. Specifically, our analysis not only stratifies risk but also investigates treatment outcomes following different management strategies. Therefore, we believe the current title better captures both aspects of the work — risk factor identification and outcome evaluation — and aligns with the study’s aims and results.

1. **Paraphrase of the 1st statement in methodology in the abstract section:**

Paraphrase was done as requested

1. **Paragraph about potential risk factors in the introduction section:**

We have already added a paragraph discussing risk factors and explained them further to clarify the information. Ref. (10)

1. **The study aim should be added at the end of the background:**

Thank you for your observation. The aim of the study has already been included in the abstract section, and we have reiterated it at the end of the introduction section

1. **Details about components of the CDAI and scoring:**

The element of the CDAI is now included.

1. **Details about components of the SES-CD and scoring:**

The component of the SES-CD is now included.

1. **The study type:**

We thank the reviewer for this important observation. We have corrected the study design terminology throughout the manuscript. The work is a retrospective–prospective cohort study (retrospective analysis of baseline risk factors with a prospective one-year follow up for treatment outcomes). The Methods, Abstract, Title Page (where applicable), and other relevant sections have been updated accordingly. The revised “Study design and statistical analysis” section is provided below and has been inserted into the manuscript.

1. **The statistical test reported is wrong (Friedman test) in table 3.**

We thank the reviewer for this important observation. We acknowledge that the Friedman test is commonly applied when comparing more than two related samples. In our analysis, although the primary comparison was between two time points (before and after treatment), the SES-CD data were ordinal with multiple graded categories across the ileocolonic segments. We therefore selected the Friedman test as a non-parametric alternative suitable for repeated ordinal data. Nonetheless, to ensure clarity, we have added a statement in the Methods section explaining our rationale for using the Friedman test for within-group comparisons of SES-CD.

**Reviewer3**:

1. **The aim of the study is missing and should be inserted at the end of the introduction section**

Thank you for your observation. The aim of the study has already been included in the abstract section, and we have reiterated it at the end of the introduction section.

1. **Are all patients treatment naive? Were patients with prior failures excluded?**

In the results section, we detailed all management strategies utilized for every patient, including those with prior surgical failures. Additionally, we emphasized the outcomes associated with each management approach.

1. **The discussion is a little bit long and needs to be more focused.**

Thank you for your insightful observation. We have made efforts to enhance our focus in the discussion. Your feedback is valuable in refining our work and ensuring clarity. We appreciate your guidance as we strive for a more precise and coherent presentation of our findings.

**Editor Comments to Author:**

1. **Author names and affiliations**

• We have carefully checked the spelling of all authors’ names.

• The order of authors has been verified and is correct.

• Affiliations have been reviewed and corrected where necessary to ensure accuracy.

1. **Structured Abstract**

• The abstract has been rewritten in a structured format with the following subheadings: Aims, Patients & Methods, Results, and Conclusions.

• The abstract is now within the 250-word limit.

• This study was not a clinical trial.

1. **Keywords**

• We have revised and expanded the keywords to include a total of 10 terms, including the four submitted initially.

1. **References**

• The references have been reformatted to comply with journal style. Specifically:

a. References are now listed numerically in the reference section according to the order of citation in the text.

b. In-text citations appear in square brackets (e.g., [1], [2]).

c. References with more than six authors are shortened to “first three authors et al.” as per house style.

1. **Tables**

• All tables now have descriptive titles.

• All tables are cited in the text in the correct order.

**Following the African Journal of Gastroenterology and Hepatology Author Guidelines.**

Thank you for directing us to the journal’s Author Guidelines. We have reviewed the guidelines thoroughly and revised the manuscript accordingly. All required sections (title page, structured abstract, keywords, references, tables, figures) have been edited to conform to the guidelines detailed at that link.

1. **Plagiarism check**

• The manuscript has been carefully revised to ensure originality and avoid overlap with previously published or submitted material.

1. **Figures**

• All figures were generated using Microsoft Excel (Microsoft Corporation, USA). Figures have been updated with higher resolution and clarity. Scale bars and magnifications are not applicable, as the figures represent statistical graphs rather than micrographs.

We believe that these revisions address all editorial requests, and we hope the manuscript is now suitable for publication in the African Journal of Gastroenterology and Hepatology.