Reviewer's Comment:

Main comments below:

1. many spelling errors
2. Entamoeba histolytica or *Entamoeba histolytica/E. dispar*? 24 years ago it was made clear that tetranucleated cysts 10 microns or more in size represent two different species not distinguishable by morphology alone. Check reference Diamond L, Clark G. A redescription of *Entamoeba histolytica* Schaudinn, 1903
(emended Walker, 1911) separating it from *Entamoeba dispar* Brumpt, 1925. J Eukaryotic Microbiol 1993;40:340-44.
3. Suggest to carefully read about and organize "discomforts" adequately. Same for next sentence. Hosts respond to parasite injuries in ways according to parasite species, habitat in the host, intensity of infection, state of the host, etc.
4. *Fasciola*? Egg description and measurements? Maybe confused with infertile *Ascaris* eggs? Infection with this worm produces important symptoms. Is Nigeria a sheep raising country? Human infections are not common; any reports in Nigeria on human fasciolasis? I dare to doubt this report.
5. Spelling. If no red blood cells ingested by "trophs", the correct identification should be *Entamoeba histolytica/E. dispar*. What stage was recovered: trophs or cysts?

6. In general, the Discussion is poor, mentions over and over sanitation, hygiene, and comparison of results with studies; however, no indication that those studies are similar to the present Ms. No comments on *Fasciola* infections or significance, no word on *Taenia* spp.,what species is prevalent in Nigeria? Any hospital data on human cysticercosis? no comments on *E. vermicularis* in such old children, no comments on the lack of egg counts to determine intensity of infections, data lumped together without carefull analysis. Lots of suppositions or hypothesis only, which renders a poor discussion.

7. this is comment No. 60: How did authors arrive at this conclusion? Any molecular or serologic testing? If cysts found, then correct species name should be *Entamoeba histolytica/E. dispar*. No other ameba species found: are there no infections with *Entamoeba coli*? *Entamoeba hartmanni*? *Endolimax nana*? *Blastocystis* spp? when no Lugol solution is used and direct smear examined only under 40X with no permanent staining performed, diagnosis is poor and incomplete. Therefore, a word of explanation is required in this regard, which could be included in a paragraph detailing study limitations.

Author's Feedback:

1. spelling error were adequately checked and corrected although reviewer did not specify the spelling errors.
2. Comments on *E. vermicularis, Taenia* spp. have been included
3. Microscopy was use.