Dear Lian-Sheng Ma, President and Company Editor-in-Chief of *World Journal of Gastroenterology*

ESPS Manuscript NO: 25963

Title: "Does Massive Intraabdominal Free Gas Require Surgical Intervention?"

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Dear editors and reviewers,

I express my heartfelt thanks for the reviewers and editors. I would be very pleased to hear the manuscript should be published with major revisions. The reviewer kindly showed the points to be corrected in detail. Therefore, I made corrections according to the reviewer's advices one by one and sophisticated the manuscript. Our corrections are shown below. Moreover, our corrections are insufficient, I would spare no effort to sophisticate the manuscript. Would you please check the revised manuscript again?

Best regards

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COMMENTS TO REVIEWERS

The following changes should be done in the paper: 1.Abstract. The abstract is too long for a case report. From the 2nd sentence: "First we considered… as opposed to ascites." should be omitted.

#1. Thank you for your valuable advice. I also agreed the manuscript is long. I omitted "First we considered… as opposed to ascites." from the abstract as the reviewer suggested.

2. Abstract. 2nd line. …free gas bilaterally in the subdiaphragmatic spaces. (in plural)

#2. Thank you for pointing out. I made a correction …free gas bilaterally in the subdiaphragmatic spaces at the 2nd line in the abstract.

3.Abstract. 3rd line. …CT also showed massive free gas with portal gas. It should be changed as: CT also showed massive free gas in the peritoneal cavity with portal venous gas.

#3. I agreed suggestion of the reviewer. I exchanged CT also showed massive free gas with portal gas. **to** CT also showed massive free gas in the peritoneal cavity with portal venous gas..

4. Core tips.The first sentence 'The present case taught… surgical intervention" should be omitted.

#4. I agreed. The first sentence 'The present case taught… surgical intervention" **has been omitted in the Core tips. Would you please check again?**

5.Introduction. It is also long. The section "PCI has been…has not been determined" (4th line to 11th line) can be omitted and added in the Discussion. It is not necessary to report the pathogenesis of the disease in the Introduction.

#5. Thank you very much for your advice. I have also thought that I should shorten the manuscript. First, I put sentences pointed out into the first page of the Discussion. Thus, Introduction has been shorten.

6. The authors use the term portal gas throughout the text, whereas the right term used in the literature is portal vein gas.

#6. Thank you very much for your advice. Both portal gas and portal venous gas are used in the literature; however, portal venous gas is more common under scrutiny by Pub Med. Therefore, I changed portal gas **to** portal venous gas **all over the manuscript, including Key Words as the reviewer recommended. Moreover, we defined 'portal venous gas' as PVG because the term appears very frequently in the manuscript. Would you please confirm the revised manuscript?**

7. The Discussion is also very long; therefore it should be shortened to 2/3 of all. 2nd page of Discussion, line 3: Therefore, clinicians should… in bounded time. should be omitted.

#7. We also feel that the discussion is long. Thank you very much for your advice. I omitted the sentence that the reviewer pointed out. Would you please make sure it again?

8. 2nd page of Dicussion, line 1 to line 14 (…five could survive without surgical resection) needs shortening. 3rd and 4th page. The authors analyze their dilemma how to treat this patient very extensively. They should shorten this part in about one half of the text.

#8.
I agreed the reviewer's suggestion. I have also thought the manuscript is too long. I have shortened the sentences or paragraphs that were pointed out as much as possible. I omitted mainly repeated sentences of the same meanings. Also, I omitted I meaningless sentences as much as possible. Moreover, Reference 23, 24 seemed to be more unrelated, so these references have been omitted. However, the following the reviewer's suggestions in 5 (described above), several sentences in the Introduction has been omitted and added in the Discussion. In addition, as shown in #9, I have added sentences on the prognosis required by the review. I think the manuscript has become simplified thanks to the reviewer. I omitted about 30% of the Discussion of the previous manuscript. Would you please take a view again?

9. In the end they should add a paragraph with information from the literature on the prognosis of these cases with PCI treated conservatively. Will they follow up this patient and for how long?

#9. Thank you very much for the valuable opinion. I added informative sentences in the discussion. Surely, as the reviewer pointed out, I did not describe prognosis of the cases with PCI treated conservatively. So, I investigated the literature once again and added the following underlined sentences in the manuscript. Regrettably, we could not find long-term prognosis in the literature; however, we have shown the mortality rate of the patients observed with or without surgery. Would you please check the manuscript once again?

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It was a bold decision to avoid surgical intervention, because the patient would have required prompt action if perforation or ischemia of the digestive tract perforation had occurred. It is interesting to note that nine of the 27 patients with PCI died for an overall mortality rate of 33%. Eleven patients observed without surgery had a mortality of 18%, while those undergone surgery had a mortality rate of 44%. The rest of nine patients who improved without surgery did not manifest any clinical signs that would have prompted surgery (22). Therefore, there seems to be patients with PCI who can be successfully managed with conservatively at some rate. However, the fact remains that 37 to 75% of patients with PVG have bowel infarction, and 10 of 12 patients with both PCI and PVG died within 48 hours (8). The long-term prognosis of PCI is unknown, and a long-term follow-up study should be required to evaluate. Thus, complementary evaluations such as blood gas analysis can be helpful. Knechtle et al. advocated the classification of clinical and laboratory values, including the assessment of arterial blood gas (pH, HCO_{3-}), so that they could predict the occurrence of ischemic bowel and the patient's outcome (22).

#10 Finally, we once again asked an professional English editing company to check the newly revised manuscript because language evaluation of the initial manuscript was Grade B. Also, we have got an English editing certification. Would you please check it again?

#11 We put the reference numbers in square brackets in superscript at the end of ciatation content or after the cited author's name across the text. Would you please check it again?

#12Finally, we performed all the conditions required by a WJG editor. Audio core tips, Google Scholar, and Cross Check are also added.