Dear Editor,

Thank you for arranging a timely review for our manuscript. We have carefully evaluated the reviewers' critical comments and thoughtful suggestions, and responded to these suggestions point-by-point, and revised the manuscript accordingly. The important modifications as the reviewers suggested are highlighted in yellow. I would like to submit this revised manuscript to *World Journal of Clinical Cases*, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

Best regards,
Yours Sincerely
Lei Mao, M.M.,
Department of Gastroenterology, Lanzhou University Second Hospital

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Response to Reviewers

First of all, we thank both reviewers and editor for their positive and constructive comments and suggestions.

Manuscript ID: 52865
Manuscript Title: Esophageal tuberculosis complicated with intestinal tuberculosis: a case report and review of the literature

By: Lei Mao

Replies to Reviewer 1 (03724141):
Comment: The authors have made the requested changes. The manuscript still have grammatical errors and need slight polishing.
Response: *We thank the reviewer for this important comment, we are sorry about the poor presentation of our manuscript. Our revised manuscript had been edited and proofread by a medical editing company.*

Replies to Reviewer 2 (00182114):
Comment 1: Please tell me the etiology of this esophageal tuberculosis, direct extension of infection from mediastinal node,blood stream.
Response 1: *We are very grateful to reviewer for this meaningful question. This case reports a patient with pathologically confirmed esophageal tuberculosis. The patient's endoscopic ultrasound (EUS) showed it was a homogeneous hypoechoic lesion in the middle of the esophagus, with the destruction and fusion of the anatomical structure of the esophageal wall, and enlarged lymph nodes outside the lumen adjacent to the esophageal pathology. In addition, her enhanced chest CT showed local thickening*

of the esophageal wall with a moderately strengthening effect, and had no evidence of lung involvement. All these manifestations are consistent with the characteristics of secondary esophageal tuberculosis caused by a direct extension of infection from mediastinal node. Therefore, we considered that the etiology of esophageal tuberculosis was direct extension of infection from mediastinal node.

Comment 2: Please tell me what kinds of drug for esophageal tuberculosis do you use?

Response 2: *We are very grateful to reviewer for this meaningful question. Since the patient was diagnosed with Esophageal tuberculosis complicated with intestinal tuberculosis, the standard anti-TB treatment was given (2HRZE, isoniazid 300 mg QD, rifampicin 0.45 g QD, pyrazinamide 0.5 g TID and ethambutol 0.75 g QD). As the patient responded well to ATT, ATT was administered for another 4 months (4HR, isoniazid, rifampicin). We have presented the specific drugs and their dosages in the part of case summary.*

Replies to Reviewer 3 (01047625):

Comment: The pathology features of tuberculosis include granuloma, caseous necrosis and multinucleated giant cell (Langhans giant cell). Please describe the typical features of pathological examinations in the esophageal and intestinal lesions.

Response: *It is highly appreciated that the reviewer raise this meaningful comment. We have performed suitable modifications in our manuscript.*

Revise: Histopathologic features, including caseating granulomas and caseating necrosis, have been considered the gold standard for the diagnosis of tuberculosis. For both ET and ITB, caseous necrosis, acid-fast bacilli (AFB) or epithelioid granuloma confirmed by histopathology is required for a final diagnosis.