

Dear Editors,

Thank you very much for going into depth with our paper, we are happy that you've noticed all strengths and weaknesses. Thank you for your constructive criticism that substantially improved the paper. We believe that all concerns have been successfully rebutted.

Here is our point-by-point response to Reviewers' Comments: •

Reviewer #1: - Title - My suggestion is that the title is revised. Given that mesenteric ischaemia is the most common finding as per this review, the title could be made more catchy by saying AMI is the most common finding on imaging of SB and so on OR something similar. Title has been modified accordingly, underlining mesenteric ischemia as the most frequent finding (Pag 1, line 3-4). Major comments: - The information contained in the different sections covers the included studies but lacks depth of information. The authors could add more information about the cases wherever possible- such as time spent of ITU, platelets counts, cytokine levels (if available from the original study). This could be something that can be added to the table. In the Results section, information contained in the different sections have been expanded. As recommended, additional information, such as laboratory tests (white blood cell count, CRP, d-dimer, Fibrinogen), treatment, outcome and ICU stays, have been inserted in the tables (Pag 6, line 14-30; Pag 7-10; Pag 11, line 1-26; Tables 1-2). - I would strongly suggest expanding further on the discussion section. Although Covid-19 and its effects are new, the findings on imaging (particularly AMI) is a significant one and has been well documented in literature in other conditions. This can be discussed in more detail, drawing from literature on AMI itself, regardless of etiology. Perhaps info on how this has been managed in general can be included. The Discussion section has been expanded, with particular emphasis on AMI (Pag 11, line 29-30; Pag 12; Pag 13, line 1-25). - The table is very detailed but too lengthy and does not give any additional information of interest. The authors could perhaps break up the table to eg- vascular and luminal findings and make it more focused and manageable. Presenting symptoms do not add very much. Info such as ITU stay, need for ECMO, anti-coagulation, sepsis and so on. Tables have been broken up into two different tables as proposed by reviewer The first one focuses on clinical characteristics, treatment and outcome of COVID-19 patients with AMI; the second one reports relevant clinical information of COVID-19 patients with other less frequent small bowel findings. We believe they are now clearer and easy to read (Tables 1-2). Minor comments: - In the introduction line 11, there is a word missing. In Introduction section, line 11, "manifestation" has been added (Pag 5, line 12). - In the methods section, it would be useful to suggest studies up to what period were included. In Methods section, the

precise period of study inclusion has been reported (Pag 6, line 6-7). - In the AMI section, line 5, change to among causes of AMI. In AMI section, line 5, sentence has been corrected with “among causes of AMI” (Pag 7, line 8). -In the SB thickening section, line 7 and 8, grammar needs to be checked and sentence can be rephrased to make it succinct and effective. In SB thickening section, line 7-8, grammar has been checked and sentence has been rephrased (Pag 8, line 7-8). •

Reviewer #2: No comments, corrections or suggestions have been proposed. •

Reviewer #3: -It is important to note that infertility problems are due to genetic causes through changes in the number or structure of the sperm chromosome, habits and traumas such as smoking, exposure to toxic environments or strokes in the scrotal region can impair man's fertile functions, as well as other factors mentioned in the medical literature that could be widely explored by the authors, providing greater understanding to readers and emphasizing that primary infertility was already present in the studied individual. As previously reported in our email the comment doesn't appear to be relative to our paper. - On the fourth page, topic “introduction”, 10th line there was a break in the information. The comment seems to refer to an other paper. - The authors cite “patients infected with COVID-19, a negative impact would occur on spermatogenesis due to many factors ...”, however the authors do not explain what these “many factors” are, the negative impact that would occur on spermatogenesis, becoming a incognita for those who's reading. The comment doesn't appear to be relative to our paper. - Paragraphs need to be identified (slightly further from the margin); paragraphs that are quotes from other works must also be paragraphed. The comment seems to refer to an other paper - In relation to the tables arranged in the work, it would be interesting if they are close to the texts which are necessary so that the reader does not need to search all the pages in search of these tables, facilitating and holding his attention to the information provided there. The comment doesn't appear to be relative to our paper.

Thank you very much again.

We look forward to hearing from you, Best regards

Chiara Viganò, MD