

The manuscript describes a Case Report of Diagnosis of upper gastrointestinal perforation complicated with fistula formation and subphrenic abscess by contrast-enhanced ultrasound. The topic is within the scope of the WJG. (1) Classification: Grade D, C and Grade B, A; (2) Summary of the Peer-Review Report: The case report is interesting and relevant; however, adjustments to the text, references and figures are necessary. The questions raised by the reviewers should be answered; (3) Format: There are 6 figures; (4) References: A total of 9 references are cited, including references published in the last 5 years; (5) Self-cited references: There are no self-cited references. More references are needed for the quality of the text. The following documents are included: Non-Native Speakers of English Editing Certificate, Signed Informed Consent Form(s) or Document(s) and CARE Checklist-2016. Approval by an ethics committee must be included. Conflict-of-Interest Disclosure Form and Copyright License Agreement must be requested. This is not an invited manuscript. This work was supported by a This study is supported by National Natural Science Foundation of China (NSFC) (Grant No. 82001833), Post-Doctor Research Project, West China Hospital, Sichuan University (Grant No. 2019HXBH014), Sichuan Science and Technology Program (Grant No. 2020YFS0211). Please upload the approved grant application form(s) or funding agency copy(ies) of any approval document(s). The authors did not provide original pictures. Please provide the original figure files. Please prepare and arrange the figures using PowerPoint. Re-Review: Required. Recommendation: Transfer to World Journal Of Clinical Cases.

Number ID

Review Info

Specific Comments To Authors

Specific Comments To Authors (File)

03258157 Conclusion: Major revision

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Comments to the authors

1. In this report, authors have emphasized the use of intracavitary CEUS in the diagnosis of upper gastrointestinal perforation. CEUS has been claimed to be a problem solving tool for this case. However, the figure 1 clearly shows echogenic air bubbles within the fluid collection, suggesting a diagnosis of bowel perforation or fistulous communication between the cavity and bowel. The drain output of 100 -200ml per day further hints at the diagnosis of fistula. The CT scan also confirmed the diagnosis. Therefore, CEUS in this report did not serve as a problem solving tool. I would suggest that the authors should emphasize the importance of intracavitary CEUS as a novel technique in detecting the exact site of fistula in the bowel, which is often difficult by routine CT or endoscopy. Discussion should focus on this point. Appropriate reference should be added accordingly.

Response: Thanks for the comments. "Figure 1 clearly shows echogenic air bubbles within the fluid collection, suggesting a diagnosis of bowel perforation or fistulous communication between the cavity and bowel." We think this point should be cautious, because subphrenic abscess with bacterial infection can also present air bubbles, especially with aerogenes bacterium infection. Besides, it's more common to see subphrenic free air rather than air bubbles within the fluid collection in the condition of bowel perforation or fistulous

communication between the cavity and bowel. Second, at the beginning of diagnosis in this case, fistula was not considered after routine CT and ultrasound. Intracavitary CEUS found the clue of fistula and then CT, endoscopy and X-ray barium meal examination confirmed the diagnosis. Therefore, intracavitary CEUS served as a problem-solving tool in this case. We agree the importance of intracavitary CEUS as a novel technique in detecting the exact site of fistula in the bowel, which is often difficult by routine CT or endoscopy. Appropriate reference was added accordingly with highlighted words.

2. The use of intravenous CEUS is needless investigation for this case and therefore could be omitted from the report.

Response: Thanks for the comment. Following the answer to the first comment, the use of intravenous CEUS was necessary for assessing the liquefaction inside the abscess, which was helpful for guiding the input of drainage tube. And the second-time intravenous CEUS was to evaluate therapeutic effects of antibiotics and percutaneous drainage of the abscess. Therefore, we don't think intravenous CEUS can be omitted.

3. Figure 5 could be omitted, since the fistula is not evident on this image

Response: Thanks for the comment. Figure 5 Abdominal CT was deleted.

20210611_comments_Rajeev.docx

05523995 Conclusion: Minor revision

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Well-written manuscript with clear and concise description of a promising tool for the diagnosis and management of the case. Please include additional studies or related literature to support or elaborate the discussion part.

Response: Additional studies or related literature has been added with highlighted words.