

## **Answering Reviewers:**

- 1. Comments:** • **The authors should recommend careful EUS examination of each gastrointestinal protuberance in all directions including longitudinal as well as transverse scanning during radial or linear echoendoscopic examination in order not to miss such Fishbones. • Also CT reconstruction is mandatory on scanning of such lesions. This should be clearly mentioned in the recommendations.**

Answer:

In the fourth paragraph of the “Discussion” part, I have made adjustments according to above revision comments.

Before:

There may be several reasons why the patient in our case did not show any obvious signs of fish bone ingestion upon ancillary examination. First, ingested fish bones are usually very small, and the superficial changes can easily be mistaken as calcifications, surgical suture,<sup>13</sup> or ignored altogether due to the influence of gastric content. Second, when the length of the fish bone is perpendicular to the CT scan section, the punctuate changes seen would evade any conclusive diagnosis. In one study, thoracic CT revealed an irregular high-density shadow in an oesophageal mucosal lesion<sup>1</sup>, which was ultimately identified as a fish bone structure by three-dimensional reconstruction CT. Third, if the fish bone was from a cartilaginous species of fish, it would show up as low density on CT and hypoechogenic on EUS, thus making it difficult to differentiate from surrounding soft tissue and hard to identify using CT imaging modalities.

After modification:

There may be several reasons why the patient in our case did not show any obvious signs of fish bone ingestion upon ancillary examination. First, ingested fish

bones are usually very small, and the superficial changes can easily be mistaken as calcifications, surgical suture,<sup>13</sup> or ignored altogether due to the influence of gastric content. **Second, if the fish bone was from a cartilaginous species of fish, it would have low density on CT and be hypoechogenic on EUS, thus making it difficult to differentiate it from surrounding soft tissue and hard to identify using CT imaging modalities. Third, when the length of the fish bone is perpendicular to the CT scan section, the punctuate changes seen would evade conclusive diagnosis. In one study, thoracic CT revealed an irregular high-density shadow in an oesophageal mucosal lesion<sup>1</sup>, which was ultimately identified as a fish bone structure by three-dimensional reconstruction CT. Therefore, CT reconstruction is mandatory in scanning such lesions. Fourth, careful EUS examination of every gastrointestinal protuberance in all directions including longitudinal as well as transverse scanning during radial or linear echoendoscopic examination should be emphasized to avoid missing such fishbones.**

**2. • English editing is needed.**

Answer:

I have provided the latest language editing certificate. (See the supplementary material for details)

**3. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words)**

Answer:

Before:

Be Caution, Submucosal protuberance caused by fish bones should be noted, even if there are no obvious preoperative positive signs: A Case Report.

After modification:

Submucosal protuberance caused by fish bones in the absence of preoperative positive signs: A Case Report

