



Dear Editor:

I am very glad that my manuscript has been initially accepted. Below, I will answer some of the questions raised in the review comments in detail.

1. Were the patient's coagulation tests normal? Didn't you notice much bleeding during the operation?

The child's blood coagulation test shows:

PT 13.5S; INR1 1.10; APTT 42.5S; TT 21.4S ↑ (14-20S); FIB 2.94 g/L; D-DI 0.21; FDP 1.35.

Of these indicators, only TT was mildly abnormal.

About 3ml of blood was lost during the first operation, which was a routine amount.

2. The authors should explain how their findings make a difference for otolaryngologists around the world and the readers of the World Journal of Clinical Cases?

Pathology of preauricular fistula bleeding to submandibular space has not been reported, This led to submandibular space hematocellosis, and the children suffered from tachypnea, increased heart rate, decreased blood oxygen saturation, and life safety was affected. By exploring the operative cavity and ligating the superficial temporal artery, we obtained a good therapeutic effect and avoided more serious consequences for the patients. Otolaryngologists all over the world can refer to our treatment experience to avoid serious consequences if they encounter this kind of situation in clinical practice.

3. According to what criteria or classification system you stated that the patient had "severe" bleeding?

During color ultrasonography guided puncture, the amount of congestion was estimated to be about 20-25ml. There was a lot of bleeding. In addition, because of these blood accumulations, the children have increased heart rate, shortness of breath, and the serious consequences of hypoxia.



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4. How about the patient's vital signs on arrival? Tachycardia? Orthostatic hypotension?
SpO₂?

The child showed shortness of breath((respiratory rate: 42 breaths/min)), increased heart rate(heart rate: 125 beats/min), decreased blood oxygen saturation(91% at ambient air) and normal blood pressure. Some abnormal indicators have been added to the paper

Yours sincerely,

Chun-Hui Tian and Xiao-Juan Chen



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