

## Responses to Reviewers

Dear editor,

Thank you very much for your letter and advice. We have revised the manuscript and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are indicated by red font in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter.

This manuscript has been edited and proofread by Editage Bioscience Limited.

We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Jianwen Hu

We would like to express our sincere thanks to the reviewers for the constructive and positive comments.

### Replies to Reviewer 1

#### Specific Comments

1. Very interesting case report, challenging diagnosis, and excellent outcome in this patient.

Answer: We would like to express our great appreciation to the reviewers for their recognition of our case.

2. Please consider the relevance of using the keywords Esophagectomy, Rupture, and Esophageal Mucosa.

Answer: Corrections have been made in the revised version. (page 3, paragraph 4, line1).

3. Please mention the gender of the patient? IED is related to gender, commonly female is more dominant than male

Answer: We apologize for neglecting to include this information. In this case, however, we are actually reporting a elderly male patient

The correction has been made in the revised version.

4. When the author performed a gastroscopy, did a biopsy of the esophagus be done to find out one of the causes of IED such as Eosinophilic Esophagitis? If not, please give rational reasons?

Answer: Yes, we performed a biopsy of the esophagus. Histopathology of the esophagus showed chronic mucosal inflammation with inflammatory granulation tissue formation (non-specific inflammation), and no obvious signs of tumors, diverticula, or other underlying pathological signs. Eosinophilic esophagitis and mycosis were excluded.

However, we continued to question our patient's medical history, and we learned that the patient had experienced chest discomfort after ingesting "ergot" (a hard object) a month prior, and then repeated, severe vomiting. We speculated that this may have led to esophageal mucosal damage, and then when swallowing or vomiting, the pressure in the esophageal cavity increased and secondary tissue tears, and the dissection of the submucosal wall may have appeared. The patient's medical history is consistent with the characteristics of IED-related diseases. Therefore, we speculate that the possible cause of the patient's IED was the formation of IED secondary to traumatic mucosal injury.

A discussion of this has been added to the revised manuscript (p. 8, paragraph 2).

5. The author has not explained the possible causes of IED in this patient? The patient had a history of hypertension and diabetes mellitus, how long has the patient had these diseases? Are there any medications the patient is taking that could cause an IED? Please explain in the "Discussion"

Answer: As mentioned in our response to question 4, we speculated about the possible cause of the patient's IED. The patient had a history of hypertension and diabetes, but the illness had occurred within 2 years before IED. The current blood pressure and blood sugar are well controlled. He had not taken antihypertensive or hypoglycemic drugs, and did not have coagulation dysfunction. He denied anticoagulants and antiplatelets use and had no history of drug use. In the Discussion, we elaborated on the possible cause of the patient's IED. (page 8, paragraph 2, several sentences have been added in the "Discussion", which are highlighted in red in the revised manuscript)

6. Please separate barium meal esophagography and CT scan examination in Figure 1. Give a sign/mark that describes a "double-barreled" appearance on CT scan

Answer: Corrections have been made in the revised version: we have separated barium meal esophagography and CT scan examination in Figure 1 and Figure 2 and renumbered the rest of the Figures.

Replies to Reviewer 2.

Specific Comments to Authors: The paper is really interesting but I have a comment for you. As

we know, there are many treatment methods for IED. They are complex and confused. There is no consensus. I would like to advise the authors to summarize a treatment strategy based on your experiences and literature for readers. For example, which condition is suitable to conservative treatment, which condition is suitable to stent, et al. I think this would be meaningful and valuable for readers.

Answer: Several sentences have been added in the Discussion ,and Treatment strategies for different situations of IED are highlighted in red in the revised manuscript (page 10, paragraph 1)