Dear Editors and Reviewers,

It is such a great honor to hear from you. Before starting our reports, we would like to take this opportunity to express our sincere appreciation for your generosity in your time, efforts, and approbation of our submitted article. Herewith are our formal responses to the reviewers' comments. All of them were made and approved by the authors altogether. Responses to the publisher's requirement and the editorial team's comments have also been included. Also, some formatting changes, such as references, words, and phrases, have been made throughout our revision.

General responses to reviewer #1

Comment 1: Dear authors, Thank you for your manuscript submission to our journal. Your operative technique itself is similar to using a thread to remove a ring from the finger. This condition, however, is rarely encountered. Your report, therefore, is very informative to the readers. Minor mistakes I noticed are as follows; P7 line 5; Various tools were mention in line 25; Campbell's reported P8 line 13; Urgent situation vesus. Chronic Situation

Reply 1: Thank you for your comment and approbation to our work, we are so encouraged and flattered. We have corrected our paper in terms of the above-mentioned mistakes. Moreover, a thorough proofreading had been made to find out potential typos and ambiguous wordings as well.

Changes in the text: The above-mentioned mistakes have been rechecked and modified in the text, and we have also performed a thorough proofreading to improve the readability of our submitted article.

Summary: We have revised the mistakes as suggested.

General responses to reviewer #2

Comment 1: The topic is interesting, but the English language used in the manuscript needs major improvements as there are some punctuation and grammatical mistakes present throughout the manuscript.

Reply 1: Sorry for the inconvenience that we have caused. We have improved the English language in terms of wording, grammar, punctuation, and tenses, etc.

Changes in the text 1: We have polished the language to improve the paper's readability.

Comment 2: The figures required the proper explanation and caption.

Reply 2: We were so regretful to know that the figures had failed your expectation, we have updated the figure legends and captions correspondingly. Hopefully, the pictures and explanations would be more captivating and detailed.

Changes in the text 2: We have updated the figures with more proper explanation and captions.

Comment 3: Moreover, research models are not discussed in an understandable manner; the introduction section is poor followed by literature, which reflects that the author needs a more comprehensive way of thinking. The discussion part is not up to the mark, and no significant comparison is made.

Reply 3: Sorry for the poor writing arrangement of this manuscript, we have modified the paper in the following ways: 1) we have added relevant references/information to support the introduction section; 2) the discussion section has been re-written in a paragraph-to-paragraph manner, and comparison has been made between various tools.

Changes in the text 3: The introduction/discussion section has been modified accordingly.

Comment 4: Most of the references are from low impact journals. It is obvious that the quality of the manuscript does not fulfil the standards of the journal; therefore, it should be reconsidered after major revision.

Reply 4: We are so sorry for this literature issue. Several new references have been included into this paper. However, owing to its niche application and the rarity of penial

incarceration, it seemed to be difficult to find relevant paper in a journal with very high impact factor (neither in a urology journal nor a comprehensive journal). Hence, we tended to include as many influential papers as possible.

Point-to-point response to Reviewer #2

Comment 1: The authors are advised to revise the title to make clear whether it is a case report or review.

Reply 1: Sorry for the misunderstanding we had caused, this paper is a formal case report, we would change the title as suggested to make it simpler, more concise and informative.

Comment 2: The authors are advised to revise the abstract especially the conclusion section.

Reply 2: We have revised the abstract, introduction, as well as the discussion section as suggested.

Updated text:

Abstract

BACKGROUND

Penial incarceration (PI) is a rare situation. It is usually caused by a foreign object which strangulates at the base of the penis. PI may derive from pranks, sexual demand, mental disease, or intention to prohibit urinary disease. Generally, these situations are emergent and immediate treatments are needed. Cases of chronic PI are less reported, and their treating methods are yet to be discussed.

CASE SUMMARY

We reported a case on treating a 73-year-old male who had PI with a metallic hoop for three months. After multidisciplinary consultation, the operation was performed successfully with the help of a fretsaw. Despite the chronic strangulation, the prognosis of the patient was satisfying. To the best of our knowledge, this case was rare and precious as it featured the longest strangulating time, which might enlighten the treating process of future PI cases. Also, we have reviewed and summarized major published cases to encapsulate appropriate approaches when facing diverse strangulation situations.

CONCLUSION

The selection of surgical tools depends on the material of the strangulating objects, the availability of equipment, and the severity of the penial damage. The urination function may not be affected after three months of incarceration as in our case, whilst prudent preoperative measures and multidisciplinary evaluations are always essential. Although using a fretsaw is comparatively slow, it is safe and feasible to treat metallic penial incarceration.

Comment 3: Please add more strong keywords up to six.

Reply 3: We have added more strong and relevant keywords as advised.

Comment 4: Page 3, line 72-78: "Penial incarceration is a rare situation, usually with foreign objects strangulated." Please add a reference here.

Reply 4: Sure, a reference has been added as suggested.

Updated text:

Penial incarceration (PI) is a rare clinical situation that was firstly reported in 1755[1]. It is usually caused by a foreign object that strangulates at the base of the penis[2].

References:

1. **Ivanovski O**, Stankov O, Kuzmanoski M, Saidi S, Banev S, Filipovski V, Lekovski L, Popov Z. Penile strangulation: two case reports and review of the literature. *J Sex Med.* 2007;4(6):1775-80. [PMID: 17888068 DOI: 10.1111/j.1743-6109.2007.00601.x]

2. **Yoshida T**, Watanabe D, Minowa T, Yamashita A, Miura K, Mizushima A. Penile strangulation intentionally using a rubber band to prevent the development of penile cancer. *Urol Case Rep*. 2019;27:101003. [PMID: 31467859 PMCID: PMC6713811 DOI: 10.1016/j.eucr.2019.101003]

Comment 5: Page 3, The whole introduction section is general. Authors are advised to revise the introduction section carefully and add more data to make an association between each sentence to support the problem statement. It is recommended to add literature in the introduction section to create a research gap.

Reply 5: The introduction section has been modified as suggested, more supportive references had been added, and the general structure of this section had been adjusted.

Updated text:

INTRODUCTION

Penial incarceration (PI) is a rare clinical situation that was firstly reported in 1755[1]. It is usually caused by a foreign object that strangulates at the base of the penis[2]. PI may derive from pranks, sexual demand, mental disease, or intention to prohibit urinary disease[1]. In most cases, the strangulating objects would block venous and arterial blood supply and result in ischemic necrosis. Hence, PI usually requires immediate intervention to save the penis function[1,3]. Depending on the material and hardness, strangulating objects can be either metallic or non-metallic[4]. Studies report that PI is usually caused by non-metallic foreign objects in younger patients, such as hair and rubber bands. In contrast, in elderly patients, metallic foreign objects are more likely to be found[5].

Herein, we report a rare case of a patient with chronic PI for three months. The strangulation was treated by operation successfully, and the patient's penial function was not affected. Published approaches on evaluating and treating PI are reviewed, and our experience on this case is shared.

References:

1. **Ivanovski O**, Stankov O, Kuzmanoski M, Saidi S, Banev S, Filipovski V, Lekovski L, Popov Z. Penile strangulation: two case reports and review of the literature. *J Sex Med.* 2007;4(6):1775-80. [PMID: 17888068 DOI: 10.1111/j.1743-6109.2007.00601.x]

2. **Yoshida T**, Watanabe D, Minowa T, Yamashita A, Miura K, Mizushima A. Penile strangulation intentionally using a rubber band to prevent the development of penile cancer. *Urol Case Rep*. 2019;27:101003. [PMID: 31467859 PMCID: PMC6713811 DOI: 10.1016/j.eucr.2019.101003]

3. **Trivedi S**, Attam A, Kerketa A, Daruka N, Behre B, Agrawal A, Rathi S, Dwivedi US. Penile incarceration with metallic foreign bodies: management and review of literature. *Curr Urol.* 2013;7(1):45-50. [PMID: 24917757 PMCID: PMC3783297 DOI: 10.1159/000343554]

4. **Patel NH**, Schulman A, Bloom J, Uppaluri N, Iorga M, Parikh S, Phillips J, Choudhur M. Penile and Scrotal Strangulation due to Metal Rings: Case Reports and a Review of the Literature. *Case Rep Surg.* 2018;2018:5216826. [PMID: 29780654 PMCID: PMC5892274 DOI: 10.1155/2018/5216826]

5. **Lu Y**, Tan TW, Lau KW. Successful removal of a penoscrotal constricting ring in a 49-

year-old male. *Asian J Urol.* 2017;4(4):262-4. [PMID: 29387560 PMCID: PMC5773043 DOI: 10.1016/j.ajur.2017.01.003]

Comment 6: Page 3: What is the novelty of the present study?

Reply 6: Penial incarceration is a rare clinical situation, currently there is no standard treatment for it. According to literature, most incarceration cases were treated in the emergency room, yet this case was unique because it featured the longest reported strangulating time, it offered first-hand experience on chronic incarceration and its following pathophysiological changes. As the time window was so different from that of urgent strangulation, the dos and don'ts for treating chronic penial incarceration, and the fundamental elements that should be taken into consideration were totally different.

Comment 7: Page 4, line 106-107: "This steel hoop was 40mm in the external diameter, with a 10 mm width and a 2mm thickness." There is always a space between a value and a unit (40 mm).

Reply 7: Thank you for pointing this out, we have fixed this issue and made a thorough proofreading to improve basic readability.

Comment 8: The authors are advised to move the literature from the discussion to the introduction section for better understanding.

Reply 8: Sorry for the poor writing structure of this manuscript, we have added relevant references/information to support the introduction section for better understanding.

Updated text:

INTRODUCTION

Penial incarceration (PI) is a rare clinical situation that was firstly reported in 1755[1]. It is usually caused by a foreign object that strangulates at the base of the penis[2]. PI may derive from pranks, sexual demand, mental disease, or intention to prohibit urinary disease[1]. In most cases, the strangulating objects would block venous and arterial blood supply and result in ischemic necrosis. Hence, PI usually requires immediate intervention to save the penis function[1,3]. Depending on the material and hardness,

strangulating objects can be either metallic or non-metallic[4]. Studies report that PI is usually caused by non-metallic foreign objects in younger patients, such as hair and rubber bands. In contrast, in elderly patients, metallic foreign objects are more likely to be found[5].

Herein, we report a rare case of a patient with chronic PI for three months. The strangulation was treated by operation successfully, and the patient's penial function was not affected. Published approaches on evaluating and treating PI are reviewed, and our experience on this case is shared.

References:

1. **Ivanovski O**, Stankov O, Kuzmanoski M, Saidi S, Banev S, Filipovski V, Lekovski L, Popov Z. Penile strangulation: two case reports and review of the literature. *J Sex Med.* 2007;4(6):1775-80. [PMID: 17888068 DOI: 10.1111/j.1743-6109.2007.00601.x]

2. **Yoshida T**, Watanabe D, Minowa T, Yamashita A, Miura K, Mizushima A. Penile strangulation intentionally using a rubber band to prevent the development of penile cancer. *Urol Case Rep*. 2019;27:101003. [PMID: 31467859 PMCID: PMC6713811 DOI: 10.1016/j.eucr.2019.101003]

3. **Trivedi S**, Attam A, Kerketa A, Daruka N, Behre B, Agrawal A, Rathi S, Dwivedi US. Penile incarceration with metallic foreign bodies: management and review of literature. *Curr Urol.* 2013;7(1):45-50. [PMID: 24917757 PMCID: PMC3783297 DOI: 10.1159/000343554]

4. **Patel NH**, Schulman A, Bloom J, Uppaluri N, Iorga M, Parikh S, Phillips J, Choudhur M. Penile and Scrotal Strangulation due to Metal Rings: Case Reports and a Review of the Literature. *Case Rep Surg.* 2018;2018:5216826. [PMID: 29780654 PMCID: PMC5892274 DOI: 10.1155/2018/5216826]

5. **Lu Y**, Tan TW, Lau KW. Successful removal of a penoscrotal constricting ring in a 49-year-old male. *Asian J Urol.* 2017;4(4):262-4. [PMID: 29387560 PMCID: PMC5773043 DOI: 10.1016/j.ajur.2017.01.003]

Comment 9: The discussion section is not up to the mark; the authors only discussed general literature without any comparison of results. The discussion should be in form of paragraphs instead of sections. No limitations are enlisted, and no overall

conclusion is added. Overall, the discussion section needs extensive revision.

Reply 9: The discussion section has been re-written in a paragraph-to-paragraph manner, and comparison has been made between various tools. Limitations and conclusion have also been added.

Updated text:

DISCUSSION

Penial incarceration is an urgent situation. If treated untimely, it can result in devastating consequences, as the persistent constriction might lead to genital vascular occlusion, further causing skin loss, urethral-cutaneous fistula, erectile dysfunction, and even penile loss[6]. Given that no particular tool has been designed for relieving the strangulation, and occasionally the patient is too old with severe comorbidities, a multidisciplinary team, sometimes including firefighters, physicians, and scrubbing nurses, is suggested to be established.

Albeit cases of penial strangulation and its treatments had been sporadically reported, there are no universal treating protocols due to the differences in patients' status, strangulating objects, and medical conditions. Various objects could induce the strangulation of the penis. Based on the material, they could be roughly classified as metallic and non-metallic[7]. Trivedi et al. suggested that the duration of incarceration was an essential factor affecting the prognosis[3]. Namely, suppose the penile strangulation cannot be relieved in time, it may lead to irreversible ischemic necrosis, gangrene of the penis, even penile self-amputation, urethral fistula, and penile erectile dysfunction.

As far as we are concerned, the penis injury can be divided into different grades, varying from edema, skin loss, urethral fistula to complete amputation[8], that is: Grade 1: simple distal prepuce edema without penile skin ulcer or urethral injury; Grade 2: skin injury and cavernous compression, penile prepuce edema, accompanied by decreased sensation, but no urethral injury; Grade 3: urethral injury, loss of distal penile sensation, but no urinary fistula; Grade 4: the rupture of the cavernous urethral body and result in urinary fistula, further compression of the penile cavernous body with loss of sensation; Grade 5: necrosis or spontaneous disconnection of the distal end of the penis. In our experience, anti-infection and decompression are basic principles to deal with such cases. At the same time, the severity of strangulation is mainly related to the foreign object itself, such as hardness, size, and smoothness. More specifically, when the surface between the incarcerating object and the penis is not smooth or too tight, the penis would present acute edema, ulcer, and even necrosis. However, long-term strangulation may only cause edema of the prepuce and local skin superficial ulcer when the incarceration is not severe, rather than penial necrosis and urinary fistula. This

situation might be partial because, at this time, penial and urethral cavernous bodies are shielded from edematous skins.

Generally, the treatment attempts we take should minimize the trauma to local tissues[9]. Applying lubricating oil with appropriate traction to remove foreign objects directly is preferred. For those with severe incarceration and noticeable swelling, penis piercing could be performed. The piercing sites could be either the edematous skin, the subcutaneous skin, or the penial and urethral cavernous body when necessary[10].

For less-likely removable strangulating objects, direct cutting is recommended. Under these circumstances, the hardness and thickness of the material should be taken into consideration. For non-metallic incarcerations, such as hair tourniquet syndrome[11], rubber bands for disease prevention[2], plastic bottles for sexual entertainment[12], or seal rings[13], the treatments are reported to be comparatively more straightforward. However, as the strangulating objects had a certain degree of deformability, it is crucial to restore the deformed penis after removing the strangulating objects. Due to the metallic hoop's hardness and thickness, treatments on metallic incarcerations are more complicated. Previous literature mentioned various surgical tools, mostly from orthopedics and dentistry, such as motor-operated emery wheel machine, metal cutter, grinder, hacksaw, fretsaw, industrial-grade steel bolt cutters, and marble cutting tool[4,14,15]. In extreme cases such as strangulation by axletree[16] or hammerhead, cautious planning is needed before violent cutting. The heat originating from the persistent cutting procedure could cause burn injury even with additional irrigation. Subsequently, the operation might be performed in a de-gloving way[16], which can be decomposed into three steps: 1) De-gloving the skin distal to the strangulated area till the coronal part; 2) Moving the constrictive object towards the distal end; 3) Suturing the edge of the skin back.

Extra operations are required in exceptional situations, such as PI with shallow ulcerations or urinary tract fistulae. Ulceration indicates the necrosis of penial skin or partial corpus cavernosum. Thereafter, the necrotic part needs to be debrided first. However, if the wound defect is too large to be sutured, a skin graft with radial forearm flap neophallus might be required. If deep necrosis is found in the urethra, partial or entire penectomy might be necessary[9, 17, 18].

There were three main benefits of using a fretsaw in this case. First, compared with a dental drill and other electric equipment, the initiation, cessation, and alteration of cutting direction could be adjusted more responsively when deploying a fretsaw. Second, there would be no inertia and electric sparks because hands drove the fretsaw. Last but not least, because the cutting direction was from the inner layer to the outer surface, the accidental injury caused by the damage of the metal structure would be avoided.

Nevertheless, the cutting efficiency of using a fretsaw is comparatively low, as it is

purely powered by hands. Continuously cutting for several minutes is tiring, and thereafter loss of controllability might occur. Same as other methods, thermal damage could not be avoided. Hence, an assistant must continuously spray normal saline with a syringe to cool the metal surface.

Several limitations should be noted. First, due to the rarity of PI, more cases are awaiting to be summarized to increase credibility and generality. Specific consideration should be taken regarding patient status, the degree of edema, and the material of the incarcerating object. Systematic reviews are called for to establish higher-level evidence. Second, specific steps, in this case, could be optimized, such as a bacterial culture could be performed in case of severe postoperative skin infection, and the postoperative daily observation of the wound might be better recorded.

CONCLUSION

In conclusion, the selection of cutting tools depends on the strangulating object and the availability of equipment. Meanwhile, the concrete operation also relies on the severity of penial damage. The urination function may not be affected after three months of incarceration like in this case, but prudent measures and sufficient preparations should be taken preoperatively. Even though using a fretsaw in treating penial incarceration is comparatively less efficient, it is feasible and safe.

References:

2. **Yoshida T**, Watanabe D, Minowa T, Yamashita A, Miura K, Mizushima A. Penile strangulation intentionally using a rubber band to prevent the development of penile cancer. *Urol Case Rep*. 2019;27:101003. [PMID: 31467859 PMCID: PMC6713811 DOI: 10.1016/j.eucr.2019.101003]

3. **Trivedi S**, Attam A, Kerketa A, Daruka N, Behre B, Agrawal A, Rathi S, Dwivedi US. Penile incarceration with metallic foreign bodies: management and review of literature. *Curr Urol.* 2013;7(1):45-50. [PMID: 24917757 PMCID: PMC3783297 DOI: 10.1159/000343554]

4. **Patel NH**, Schulman A, Bloom J, Uppaluri N, Iorga M, Parikh S, Phillips J, Choudhur M. Penile and Scrotal Strangulation due to Metal Rings: Case Reports and a Review of the Literature. *Case Rep Surg.* 2018;2018:5216826. [PMID: 29780654 PMCID: PMC5892274 DOI: 10.1155/2018/5216826]

5. **Lu Y**, Tan TW, Lau KW. Successful removal of a penoscrotal constricting ring in a 49-year-old male. *Asian J Urol.* 2017;4(4):262-4. [PMID: 29387560 PMCID: PMC5773043 DOI:

10.1016/j.ajur.2017.01.003]

6. **Puvvada S**, Kasaraneni P, Gowda RD, Mylarappa P, T M, Dokania K, Kulkarni A, Jayakumar V. Stepwise approach in the management of penile strangulation and penile preservation: 15-year experience in a tertiary care hospital. *Arab J Urol.* 2019;17(4):305-13. [PMID: 31723448 PMCID: PMC6830290 DOI: 10.1080/2090598X.2019.1647677]

7. **Xu T**, Gu M, Wang H. Emergency management of penile strangulation: a case report and review of the Chinese literature. *Emerg Med J*. 2009;26(1):73-4. [PMID: 19104114 DOI: 10.1136/emj.2008.062877]

8. **Bhat AL**, Kumar A, Mathur SC, Gangwal KC. Penile strangulation. *Br J Urol.* 1991;68(6):618-21. [PMID: 1773293 DOI: 10.1111/j.1464-410x.1991.tb15426.x]

9. **Campbell K**, Terry R, Yeung L. Surgical reconstruction and follow-up of penile strangulation injury. *Urol Case Rep.* 2018;19:6-8. [PMID: 29888174 PMCID: PMC5991326 DOI: 10.1016/j.eucr.2018.02.005]

10. **Osman I**, Muñoz AM, Lozano JM, Ortega CJ, Cruz N, Medina RA. Penile incarceration secondary to a ring. *Urol Int.* 2010;85(2):245-6. [PMID: 20714123 DOI: 10.1159/000318680]

11. **Acimi S**. Penile strangulation by hair. *Pediatr Surg Int.* 2014;30(7):729-32. [PMID: 24879557 DOI: 10.1007/s00383-014-3523-9]

12. **Agarwal AA**, Singh KR, Kushwaha JK, Sonkar AA. Penile strangulation due to plastic bottle neck: a surgical emergency. *BMJ Case Rep.* 2014;2014. [PMID: 25427935 PMCID: PMC4248140 DOI: 10.1136/bcr-2014-207338]

13. **Valderrama-Illana P**, Abad-Menor F, Puche-Sanz I, Pareja-Vilchez M, Cozar-Olmo JM. Penile Strangulation Caused by a Seal Ring. *Arch Sex Behav.* 2016;45(1):3-4. [PMID: 26502282 DOI: 10.1007/s10508-015-0649-3]

14. **Li C**, Xu YM, Chen R, Deng CL. An effective treatment for penile strangulation. *Mol Med Rep*. 2013;8(1):201-4. [PMID: 23652299 DOI: 10.3892/mmr.2013.1456]

15. **Singh I**, Suman D, Gupta S, Garg G. Penile strangulation by multiple steel ball bearings: desperate situation-desperate measures. *BMJ Case Rep.* 2018;2018. [PMID: 30344163 PMCID: PMC6203024 DOI: 10.1136/bcr-2018-227586]

16. **Gan W**, Yang R, Ji C, Lian H, Guo H. Successful remove of a metal axletree causing penile strangulation in a 19-year-old male by degloving operation. *Case Rep Med.* 2012;2012:532358.

[PMID: 22924045 PMCID: PMC3423872 DOI: 10.1155/2012/532358]

17. **Saiad MO**. Penile injuries in children. *Turk J Urol.* 2018;44(4):351-6. [PMID: 29932405 PMCID: PMC6016670 DOI: 10.5152/tud.2018.92231]

18. **Zaghbib S**, Chakroun M, Saadi A, Boussaffa H, Bouzouita A, Derouiche A, Slama MRB, Ayed H, Chebil M. Severe penile injury due to condom catheter fixed by a rubber band: A case report. *Int J Surg Case Rep.* 2019;64:120-2. [PMID: 31634783 PMCID: PMC6806461 DOI: 10.1016/j.ijscr.2019.10.009]

Comment 10: Authors are advised to proofread the whole manuscript to overcome grammatical mistakes.

Reply 10: The whole manuscript has been proofread, typos, grammatical errors, punctuation, wordings have been corrected.

Comment 11: The figures need proper interpretation and appropriate captions, and proper labelling.

Reply 11: We were so regretful to know that the figures were disappointing, we have updated the figure legends and captions correspondingly.

Comment 12: The figure legends always should be below the figure.

Reply 12: There must be something wrong with the typesetting, we have modified the position of the figure legends to make sure it is below the figure.

Comment 13: Please revise the references according to the journal instructions.

Reply 13: The references were revised as the journal instructions required.

General responses to Science editor

Comments:1 Scientific quality: The manuscript describes a case report of the using a fretsaw in treating chronic penial incarceration with metallic hoop. The topic is within the scope of the WJCC. (1) Classification: Two Grades C; (2) Summary of

the Peer-Review Report: The topic is interesting. This case report is very informative. The questions raised by the reviewers should be answered; (3) Format: There are 3 figures; (4) References: A total of 16 references are cited, including 2 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Two Grades B. A language editing certificate issued by Zibo Yimore Translation was provided.

3 Academic norms and rules: The authors provided the written informed consent. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC.

5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

6 Re-Review: Required.

7 Recommendation: Conditional acceptance.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Replies: Sir, thank you for your interest in our work, the original figure documents with arrows have been uploaded as a single PowerPoint document. Requested revision have been made according to the reviewers' suggestions.

General responses to Company editor-in-chief:

Comments: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

Replies: Sir, we are so honored to know that your editorial team recognizes our work. Changes have been made accordingly. Original figure documents have been uploaded in editable PowerPoint format as well.

At the end of this Response to Comments letter, we would like to thank the Editorial Team and reviewers again for your selfless support and appreciation.

Stay safe!

Sincerely yours

The authors

4th Nov 2021