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Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

World Journal of Clinical Cases

**Re: Manuscript NO 71562**

Title: Management of the enteroatmospheric fistula: A case report

Dear Editor:

We thank the reviewers and editorial staff for their constructive and valuable comments on our manuscript. We now provide a revised manuscript for consideration for publication in World Journal of Clinical Cases.

Attached is our point-by-point responses to the reviewers' comments and changes to the text have been highlighted in yellow.

We hope that the paper will be of substantial interest to the readership of World Journal of Clinical Cases. All authors agree with the submission, and confirm that the material has not been published previously and is not under consideration for publication elsewhere.

On behalf of all authors and with best regards,

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**Reviewer #1:**

**Scientific Quality: Grade C (Good)**

**Language Quality: Grade C (A great deal of language polishing)**

**Conclusion: Minor revision**

**Specific Comments to Authors:** Enteroatmospheric fistula is an emergency in abdominal surgery. Severe cases may be fatal, especially in patients with high flow fistula, it is easy to cause water and electrolyte imbalance. Clinical treatment is very difficult. The author successfully treated a patient with high flow parenteral fistula, which has certain guiding significance for clinical practice. However, the innovation of relevant research is general. The General Hospital of the northern theater of China is famous for the treatment of parenteral fistula. They have reported a large number of successful treatment cases. The readability of the paper is general. The language needs to be polished.

Response: Thank you for your comment. We have included the results of large multi-center prospective study from China, and we suggest that it can promote the wide clinical application of our report.

Modified text:

In the DISCUSSION section,

The incidence of EAF has been reported to be 2% to 25% in trauma patients, 20% to 25% in patients with abdominal sepsis, and 50% in patients with pancreas necrosis [3].

A multivariate prognostic analysis from China demonstrated that sepsis, multiorgan dysfunction syndrome, and hemorrhage were independent risk factors for death in ECF patients, and that active lavage and drainage were protective factors [4]. Therefore, Fistula-associated abdominal sepsis should be recognized and promptly treated with source control. Control of abdominal sepsis can reduce the mortality of patients with EAF [5,6].

**Reviewer #2:**

**Scientific Quality: Grade B (Very good)**

**Language Quality: Grade A (Priority publishing)**

**Conclusion: Accept (High priority)**

**Specific Comments to Authors: Congratulations on the manuscript. The enteroatmospheric fistula is complex to treat, today there is a therapeutic arsenal, both pharmacologically and of supplies that allow managing and conducting the fistula. His case and resolution of it is commendable, using prosthetic material to restore intestinal continuity and to be able to nourish the patient. Although his work has the limitation of being a case report, the resolution is remarkable, since a therapeutic alternative to the treatment of enteroatmospheric fistula is reflected in the literature. Regarding the negative of your manuscript, I must point out: 1. No bibliographic reference is made to the definition of ECF and EAF. 2. The form of presentation of the case does not follow a temporal course. I would have liked in one (or more paragraphs) where the entire clinical history of the patient is indicated, rather than separating the findings into subtopics**

Response: Thank you for your comment. We modified the text to clarify the concept of ECF and EAF according to your comment.

The chronological clinical course prior to the TREATMENT section are as follow:

A 72-year-old female patient visited our outpatient department with a complaint of a bulging mass in her lower abdomen. She had underwent abdominal surgery for trauma decades ago, but the type of surgery and surgical extent could not be exactly identified because the medical records had been disposed. The abdominal mass developed several years after the surgery for trauma and remained asymptomatic. Recently, this patient suffered from occasional dyspepsia, abdominal pain, nausea, and vomiting interfering with daily living. Based on a suspicion of intestinal obstruction, an abdominal computed tomography (CT) scan was performed, revealing

a large ventral hernia containing small intestines and mesenteries. As she had no known medical comorbidities except for well-controlled hypertension and diabetes, we decided to operate on this patient. The abdominal cavity was entered through a midline incision, and severe adhesions between the peritoneum and intestines were observed. Therefore, extensive dissection was required to gain complete exposure of the ventral hernia sac and peritoneum. The intact abdominal component was then separated, and synthetic polypropylene mesh (PROLENE®, ETHICON, USA) was placed via a sublay technique. There were no intraoperative complications, and no medical events occurred until the 3rd postoperative day (POD); therefore, she resumed oral intake on the 4th POD. The next morning after oral feeding, however, she exhibited severe abdominal pain, fever, hypotension, and tachycardia, suggesting surgical abdomen with septic shock; therefore, an emergent laparotomy was promptly performed. We tried to enter the peritoneal cavity through the previous surgical incision; however, it was difficult because of the massive and severe adhesions in the entire abdominal wall. Since the patient was hemodynamically unstable, we could not aggressively dissect the adhesions; instead, we removed the mesh and performed blunt dissection toward the suspected injury sites and placed three open drain systems as a salvage strategy. The operation took two hours, and the main goal of the postoperative treatment was to rescue the patient from sepsis. Therefore, we started vasopressor treatment, fluid resuscitation, and broad-spectrum antibiotic treatment allowing the formation of ECFs through the open surgical drain; these measures were anticipated to be able to control peritonitis. Although critical care was challenging for this patient, the systemic infection was gradually resolved, and two EAFs were developed eventually.

Modified text:

In the INTRODUCTION section,

An enterocutaneous fistula (ECF) is an enteric fistula arising from the viscus organs within the peritoneum, such as the colon, stomach, and small intestine. In particular, an enteroatmospheric fistula (EAF) is a special subset of ECF that can be defined as a

communication between the intestine and the atmosphere. EAF is an exposed ECF by definition, and it usually develops as a complication of open abdomen.

**(1) Science editor:**

The method introduced in this report can control enteric outflow in patients with EAFs unresponsive to conventional treatments, and this approach can be helpful in achieving favorable clinical conditions for definite surgery. This case report is innovative, the manuscript writing is logical, the case data is comprehensive, and the discussion is sufficient.

**Language Quality: Grade B (Minor language polishing)**

**Scientific Quality: Grade B (Very good)**

Response: Thank you for your comment. We again performed the English editing for the revised manuscript.

**(2) Company editor-in-chief:**

I have reviewed the Peer-Review Report, 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. 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.

Response: Thank you for your review. Yes, we provide the original figure documents as the PPT format.