

We responded to the Reviewers' comments in a point-by-point fashion

Reviewer's comments :

Reviewer #2:

I have the following comments about this manuscript.

1. Since the patient received the procedure at another hospital, the authors mentioned that they did not know the detailed information about the manipulation.

I strongly suggested the authors to acquire the images during the procedure of polypectomy and add detailed information from another hospital.

Response to Reviewer:

- We added images(Figure 1) and details of procedure of polypectomy in *History of present illness* in CASE PRESENTATION.

The patient had multiple colonoscopic polypectomies in the colon on the right side at another hospital one day before admittance, and symptoms started that night.

-> The patient had multiple colonoscopic polypectomies in the colon on the right side, especially in Hepatic flexure colon, polyp was lifted by submucosal saline injection and polypectomy done by electrocoagulation polypectomy(Figure 1) at another hospital one day before admittance, and symptoms started that night.

Besides, did you think the swelling change of right side colon wall might be caused by submucosal injection before electrocoagulation and polypectomy? Please add this

in you text.

Response to Reviewer:

- We authors think colonic wall thickening after electrocoagulation polypectomy with abdominal tenderness caused by burn not by submucosal injection. Because we think colonic wall thickening is not localized by part of wall, is surrounded and adjacent pericolic fat infiltration and having abdominal tenderness shows burn, is not caused by submucosal injection. We added CT finding of PPES in DISCUSSION, and explanation in *Imaging examination* and Figure Legends.

In DISCUSSION: PPES, also known as post-polypectomy syndrome (PPS) or post-polypectomy coagulation syndrome (PPCS), is an unusual complication of polypectomy electrocoagulation that may cause hemorrhage and perforation. Transmural thermal injury may occur after electrocoagulation polypectomy when the electrical current applied during polypectomy extends into the muscularis propria and serosa, resulting in a transmural burn and localized peritoneal inflammation. Within hours and up to 5 days after the colonoscopic procedure, patients develop localized abdominal pain, peritoneal signs, fever, and leukocytosis without perforation signs^[9].

->PPES, also known as post-polypectomy syndrome (PPS) or post-polypectomy coagulation syndrome (PPCS), is an unusual complication of polypectomy electrocoagulation that may cause hemorrhage and perforation. Transmural thermal injury may occur after electrocoagulation polypectomy when the electrical current applied during polypectomy extends into the muscularis propria and serosa, resulting in a transmural burn and localized peritoneal inflammation. CT is gold-standard investigation for PPES patient, and it demonstrates focal mural thickening with a stratified enhancement pattern, low attenuation perilesional submucosal edema, and high attenuation infiltration of adjacent pericolic fat in the absence of extraluminal air^[9]. Within hours and up to 5 days after the colonoscopic procedure, patients develop localized abdominal pain, peritoneal signs, fever, and leukocytosis without perforation signs^[10].

In Figure Legends: The lesion and proximal colon showed wall thickening with submucosal swelling.

->The lesion and proximal colon showed wall thickening with submucosal swelling and high attenuation infiltration of adjacent pericolic fat.

2. Please add your opinion or information from the literature to inform the readers how to prevent this complication and the best strategy to manage it.

Response to Reviewer:

- We added paragraph about prevention in DISCUSSION.
- ➔ There are several ways to prevent PPES during endoscopic procedure. First, during hot snare polypectomy, we pull the polyp toward the center of the lumen immediately before application of electrocoagulation so that the submucosa is pulled away from the muscularis propria and serosa as the current is applied^[15]. In addition, using a hot snare and not using hot biopsy forceps because hot biopsy technique increases risk of thermal injury to the submucosa^[16, 17]. Second, use submucosal fluid injections for large polyps. Elevating a large polyp by injecting saline (or an alternative solution) into the submucosa before polyp transection may reduce the incidence of PPES, but there are no large studies to substantiate this hypothesis^[10, 14, 18]. A submucosal fluid injection before polypectomy should theoretically decrease the incidence of transmural burn by increasing the thickness of the submucosal layer ^[2]. Third, we could use alternative polypectomy techniques. Cold snare polypectomy is not associated with PPES, and the available data suggest that cold snare technique may be a safe and effective option for lesions that are ≥ 1 cm, located in the right colon, or have a non-polypoid shape^[19-20].

3. About the occurrence of intussusception in this case, did you think it may be caused or aggravated by the procedure of “SUCTION” at the end of the procedure to deflate the distended colon.

Response to Reviewer:

- In this case, CT was examined 1 day after polypectomy procedure, intussusception may aggravates theoretically by Suction, but we authors

think suction may not be the cause of intussusception.

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Reviewer's comments :

1. Your revised manuscript has been 2nd reviewed by original reviewers. There are some points need to be addressed in your manuscript, please download the the file and revise the manuscript based on this version. Reviewers' comments as follows:1. The authors have revised the draft point to point as requested. 2. Originality is the priority in consideration of publication. In detecting the issue of Plagiarism with the Turnitin system, I notice the similarity rate is 39% without regard to the references. Please revise the draft as the Turnitin report attached.----

Response to Reviewer:

- We made changes about plagiarism with my colleagues.
2. Please offer the audio core tip, the requirement are as follows: In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications: Acceptable file formats: .mp3, .wav, or .aiff
Maximum file size: 10 MB To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.----

Response to Reviewer:

- Audio core tip will uploaded this time.

3. Figure(s) file is missing, Please provide it. Please provide the decomposable figure of figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as "Manuscript No. -Figures.ppt" on the system, we need to edit the text in the figures. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes. Please read these four important guidelines carefully and modify your figure(s) accordingly: First, all submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes. Second, for line drawings that were automatically generated with software, please provide the labels/values of the ordinate and abscissa in text boxes. Third, please prepare and arrange the figures using PowerPoint to ensure that all graphs or text portions can be reprocessed by the editor. Fourth, in consideration of color-blind readers, please avoid using red and green for contrast in vector graphics or images.---

Response to Reviewer:

- I will upload figures and figure powerpoint file.
4. References should appear in the text following their numbered order. Please update.----

Response to Reviewer:

- I checked and made them in order.
5. please download the the file and revise the manuscript based on this version.-

Response to Reviewer:

- I have done it with this version.
6. However, after our verification, we found that the language editing company mentioned in your submitted language certificate only polished the initial manuscript. Following the many changes that were introduced into the content of your manuscript during the revision process, some language

problems exist in the revised manuscript. Further language polishing is required to fix all grammatical, syntactical, formatting and other related errors, in order to meet the publication requirement (Grade A). Now, you are requested to send the revised manuscript to a professional English language editing company or a native English-speaking expert to polish the language further. When you submit the subsequent polished manuscript to us, you must provide a new language certificate along with it. Once this step is completed, your manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend:
<https://www.wjgnet.com/bpg/gerinfo/240>. ----

Response to Reviewer:

- I have my manuscript language edited after final changes.

Science editor:

A rare case of female colonic intussusception with PPEs. The manuscript is well written and can help readers improve the diagnosis and treatment of this situation. But it lacks something that attracts me very much. In the introduction, the incidence rate of epidemiology should be supplemented.

Response to Reviewer:

- **Incidence rate is described in DISCUSSION paragraph #2 as “ the incidence of PPES ranges from 0.003 to 0.1%, while the rate of perforation and bleeding are 0.3 and 0.6%, respectively^[10].”**

The author should supplement the pictures and more detailed operation during the operation.

Response to Reviewer:

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: The patient had multiple colonoscopic polypectomies in the colon on the right side at another hospital one day before admittance, and symptoms started that night.

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It is unacceptable to have more than 3 references from the same journal.

Response to Reviewer:

- I checked reference list and there were maximum 3 reference from the same journal.