Thank you for the profound assessment of my work. I answer all the questions below.

in case of further questions, I'm at your disposal.

Sincerely

Jaroslaw Cwalinski

1.What is the main difference with previous studies, since many cases using E-VAC have been reported?

The eVAC technique is known, but the introduction of a stent is used more frequently. Our study shows two variants of therapy: the location of the vacuum dressing directly to the disruption of the anastomosis (case 1) and close to it, into the lumen of gastrointestinal tract (case2).

2.Can you add the figures showing the leakages before application of E-VAC? You may also include radiologic imaging revealing no leakage after healing of the wound.

Figure 2. shows the dehiscence of the anastomosis with 30% of the circumference in the first patient. In the second case, there was a microdehiscence in the suture line (Figure 3). We evaluated healing process endoscopically. In both cases, a computed tomography was performed at the end of the treatment to exclude a fluid reservoir (abscess, hematoma, intestinal fluid, etc.)

3.Figure 3 is not consistent with the content of the manuscript. Please put it in correct place.

It has been corrected

4. In the first case, you said that "The surgical treatment was combined in the patient with parenteral nutrition." What do you mean? You perform E-VAC for this patient, and prescribe parenteral nutrition for him during the whole course?

Initially due to the large dehiscence of the anastomosis and the risk of intestinal reflux, nutrition was administered parenterally. Next, from the second change of the vacuum dressing, the realimentation was continued via the enteral route through an enteric probe.

5. For the second patients, E-VAC was changed three times every third day, so the whole duration of E-VAC was 9 days or not. Besides, the patient improved in 3 weeks. What is your criteria of removing the E-VAC? Can you clearly clarify this? I am kind of confused.

The dressing is usually changed every 3-4 days, depending on the effectiveness of drainage (ultrasound assessment, inflammatory markers, clinical condition). Of course, in the second case we treated the patient 2 weeks (not 3 what it said in manuscript)