

Dear Editor-in-Chief,

Thanks for the Editor's and the Reviewers' comments on our manuscript entitled "Intragastric fish bone migrate into the liver: A case report. (No: 80672)". These comments are of utmost value to help us revise and improve our paper. We have studied the comments carefully and made amendments which we hope could meet with your approval.

I enclose herewith a revised manuscript which includes the full details of our responses to the Editor's and the Reviewers' comments. The revised portions are underlined in red. Please find enclosed our point-by-point responses to these comments and questions.

Response to Reviewers:

Reviewer #1: *1. It will be informative to include results of control laboratory parameters: CRP, WBC, etc. 2. Photo of the bone with its size will be interesting to include 3. It is important to write about important anamnesis point - when was the last time the patient ate fish (to know how long the bone could have been in the body) 4. Please include information about patient weight and height*

Response:

We appreciate Reviewer #1's comments. We have made changes. C-reactive protein (CRP) 153.31 mg/L; white blood cells $11.93 \times 10^9/L$ (normal $3.5-9.5 \times 10^9/L$); 3cm fishbone could have been in the body; the patient is 170cm tall and weighs 65 kg. It then transpired that the patient had inadvertently swallowed a fishbone approximately one week prior to presentation.

Reviewer #2:

The images selected are good quality and essential to describe and complements the case discussion and overall there is nothing for me to suggest to authors to improve except that the video would benefit from orientation of view and possible some commentry/audio.

Response:

Thanks for the comments. We had added some commentry in the video.

Reviewer #3:

Introduction:

1. Please consider rewriting the introduction section because the entire section sounds like communication between two individuals rather than reading scientific literature. For instance, “they can be timely removed by endoscopy” or “by mistake.”

Response: We appreciate Reviewer #3’s comments. We have made changes. Foreign bodies in the digestive tract are common clinical diseases. Most foreign bodies enter the digestive tract consciously or the patients are aware of foreign body ingestion. Therefore, this can be removed through endoscopy, timely.

2. Instead of mentioning a few cases, please be specific about what type of cases that you are referring to here; it doesn’t make any sense.

Response: Thanks for the comments. Perforation of hollow viscus by a foreign body is rare, representing 1% of cases of accidental foreign body ingestion.

3. As the authors mentioned in the introduction as “an extremely rare incident”; however, it is not an extremely rare incident; hence please modify the language.

Response: Thanks for the comments. “an extremely rare incident” modify “this is even less common.”

Case presentation:

1. Please modify the format of this section; a case description should be a narration of the episode of care that the patient received. Please change it to a narration format instead of a case chart.

Response: Thanks for the comments. This case chart is Required format of World Journal of Clinical Cases.

2. Please specify the main location of the pain by abdominal quadrant instead of just mentioning it as “waist.”

Response: Thanks for the comments. A 55-year-old male patient was admitted to the hospital due to fever for 3 days, in addition to pain and discomfort in the right side of his waist.

3. Please include the abdominal CT impression by the size of the abscess, which was measured and has an image to show the abscess by diameter.

Response: Thanks for the comments. During the operation, an abscess was seen near the gastric antrum and between the caudate lobe of the liver, which was approximately 30 mm × 31 mm × 23 mm in size.

4. "After receiving routine anti-infection treatment, his temperature decreased but did not drop to normal," Please modify the language; it doesn't fit scientific terms! Anti-infection treatment? Was it antibacterial or antiviral, or anthelmintic? Please specify,

Response: Thanks for the comments. After receiving routine intravenous antibiotics treatment, his temperature decreased, but did not drop to normal.

5. Please include an arrow mark or pointer to show the finding in the video; similarly, please have a voice narration to explain the result; that would be helpful instead of just a video clip.

Response: Thanks for the comments. We had added some commentary in the video.

6. Any information about the culture or microbiological or pathological reports? Pre and post-surgery?

Response: Thanks for the comments. No information about the culture or microbiological or pathological reports

7. Did surgeons use any drains? If so, please include the details and when it was removed. If it was not used, please discuss the rationale.

Response: Thanks for the comments. It was not used, because the liver abscess was not very big, no drainage was performed.

8. Any details about post-op enteral nutrition?

Response: Thanks for the comments. In the postoperative phase, the patient was managed with parenteral antibiotics and discharged uneventfully.

Discussion:

1. Please include some literature about the liver abscess or the foreign body before you could start the discussion points about the previous literature on this topic

Response: Thanks for the comments. We had added some previous literatures in discussion section.

2. As a clinician, researcher, and reader, one would expect a case report to be a source of new knowledge and an important means for education and learning. Hence, the topic is not any novelty in this report; it may be just another report which was managed fishbone removal. I recommend that the authors include a table to discuss the previous literature and include discussion points as a review of the literature; that would be helpful.

Response: Thanks for the comments. We had added some previous literatures in discussion section. Lambert et al reported the world's first case of foreign body in the digestive tract

migrating into the liver, causing liver abscess in 1898, and since then only 59 cases have been reported in the literature

3. Please also include the educational point you want to share from this case, compared to the cases already in the literature.

Response: Thanks for the comments. We had added some educational points in discussion section.

4. “bacteria can multiply” is not an appropriate or scientific way of expressing the infection. I want to share that any bacterial infections that disseminate through the bloodstream enter peripheral tissues and seed infectious lesions, initially inducing inflammatory responses that attract neutrophils, macrophages, and other phagocytes. Hence, abscess formation is due to bacterial entry into purulent material, a pathogen-driven process that usurps the default responses of its infected host to enhance microbial replication and dissemination. Hence, it’s not “multiply”; it’s called “microbial replication and dissemination.” Please modify it

Response: Thanks for the comments. “multiply” modify “t microbial replication and dissemination.”

5. Please discuss the effective methods of diagnostic strategies and a few points about the fishbone induced other Gi complications, such as by location, for example., esophageal micro-perforation with regional pneumomediastinum, mediastinitis, and abscess, ileal perforation or perforated acalculous cholecystitis

Response: Thanks for the comments. We had added discuss the effective methods of diagnostic strategies and a few points about the fishbone in discussion section.

6. I would ask the authors to use the scientific method of writing and please do multiple reading and proofreading before the resubmission

Response:

Thanks for the comments. This paper have made amendments carefully.

With best regards,

Yours sincerely,

Dr. Bin Ye, PhD

Response to Editor:

Question #1: We will send the manuscript to MedE Editing Group for language editing again.

Question #2: We will re-record the audio to ensure clarity.

Question #3: We will send the manuscript to MedE Editing Group for language editing again.

Question #4: We will send the manuscript to MedE Editing Group for language editing again.

With best regards,

Yours sincerely,

Dr. Bin Ye, PhD