

Response to the Peer-Review Reports

We thank both reviewers for the valuable and helpful comments and recommendations, and we have modified the manuscript accordingly (see below for details). In the following, comments from the reviewers are outlined.

Reviewer #1

I congratulate the authors for their interesting and very well written case report, with elaborate discussion regarding possible pathophysiology. This is a very rare case, however it is important to publish, as we occasionally come across such patients in whom the correct diagnosis and treatment might have been missed.

Response: We thank the reviewer for the recommendation of our work.

My only suggestions are: 1. to mention how long is your follow-up after the last operation 2. to emphasize in your abstract that the patient had a "futile" diagnostic laparoscopy before the definitive treatment. 3. Conclusions: add that repeated pain and obstructive symptoms may necessitate revision of anastomosis for definitive diagnosis and clinical resolution

Response: We thank the reviewer for the valuable suggestions. In the revised manuscript, as suggested by the reviewer, we have added the information about the follow-up time (see Section Outcome and Follow-up), a short statement regarding the fact that “the patient had an initial diagnostic laparoscopy, continued to have symptoms, then proceeded to have the definitive treatment” (see Abstract), and a short statement that “repeated pain and obstructive symptoms may necessitate revision of anastomosis for definitive diagnosis and clinical resolution” (see Conclusions).

Reviewer #2

Dear Author’s, I was pleased to review your manuscript and i think that the subject is interesting.

Response: Thank you for reviewing our manuscript and for your recommendation of our work.

In order to improve your manuscript i adress the following comments:1.Case presentation and history is complex.

Response: Thank you for all your helpful comments. We agree with you about the case presentation and history. Indeed, this is a complex case given the patient’s unusual condition and past procedures. While our case presentation contains necessary details, we have tried to make our presentation as concise as possible.

2.Postoperatively, the patient’ s series of examinations did not give specific data, nor did the follow-up survey, and the specific situation of the patient was not known.

Response: Thank you for pointing this out! In the revised manuscript, we have added the related information (see Section Outcome and Follow-up), with specific information on the situation of the patient at times after surgery.

3.The discussion part was inadequate.

Response: We appreciate your comment. As indicated in the manuscript, the exact pathophysiology of XGI is currently unknown, and we agree that further studies would be needed to reveal the exact mechanism. As such, our discussion contains possible explanations, which are expected to be helpful for further studies. To improve our manuscript, we have added the following description to the conclusion part, but it is also related to the discussion part: This case is also an example where repeated pain and obstructive symptoms may necessitate anastomosis revision for definitive diagnosis and clinical resolution.