

Response to reviewers' comments

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Columns: Case Report

Endoscopic retrieval of an 18-cm long chopstick embedded for 10 mo post automutilation in the esophagus of a patient with psychosis

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Reviewer #1:

I suggest the authors include in the Discussion similar cases and the types of interventions that were used, and procedure times involved. They could even make a table. They could also discuss the time of the procedure (7 hours) versus the time that a surgical intervention would require. What are the costs associated with gastroscopic intervention versus surgical intervention in terms of time and personnel.

The ingestion of foreign bodies is one of the most common endoscopic emergencies in China. However, compared to the cases reported in other studies, this is a special case that is a long chopstick and took us 7 hours. In 2013 (Epub in 2012), we reported endoscopic management of impacted esophageal foreign bodies (Chen T et al. DIS ESOPHAUS) and the longest one in this cohort was a 5.5cm fish bone. In the recent report by Zhang et al, mean size of the esophageal foreign bodies was shorter than 2cm and endoscopic procedure time was approximate 4 minutes. To our knowledge, the case in the present report is the first clinical report of the longest impacted esophageal foreign body removed by endoscopy. Li et al discussed that when foreign bodies are deeply fixed into the esophageal wall, it was better to avoid any endoscopic attempts and to resort to surgery. However, according to our experiences, the impacted esophageal foreign bodies could be extracted even when they are fixed into the wall (Chen T et al. DIS ESOPHAUS). Compared to surgery, endoscopic retrieval is minimally invasive and economic, especially for the patients elder than 60 years,

though it sometimes takes a comparatively long procedure time.

Reviewer #2:

No comments.