

## **Reviewer's code: 02913924**

### **SPECIFIC COMMENTS TO AUTHORS**

**First: this work is in my opinion original because the serious infections of the oral cavity are probably not very common at least in western countries and in immunosuppressed patients (eg oncology). It would probably be useful to know if there are epidemiological data on these infections, for example in immunosuppressed or immunocompromised even if this case did not present any comorbidity. Second: The importance of the manuscript lies in the singularity of the case. Serious dental infections are probably the order of the day for dentists and for maxillofacial surgeons but must also be carefully evaluated by general clinicians, Third: an important observation is that the authors do not describe whether they have performed blood culture and / or culture from the abscess. In the management of a similar case, even if it had a very fast trend, such assessments should have been made and described**

### **Author answer**

For the first question raised by the reviewer, we added epidemiological data(lines 188-195) and a reference to the discussion part of the article.

(4 Pourdanesh F, Dehghani N, Azarsina M, Malekhosein Z. Pattern of odontogenic infections at a tertiary hospital in tehran, iran: a 10-year retrospective study of 310 patients. J Dent (Tehran) 2013;10:319-28 [PMID: 24396351])

For the second question raised by the reviewer. Severe odontogenic infection must be treated by oral and maxillofacial surgeons and other clinical specialists. As mentioned in the article, the treatment of patients with severe multiple space infection, except for oral and maxillofacial surgeons, also requires the participation of multiple departments, such as doctors of critical medicine, anesthesiologists, general surgeons, otorhinolaryngologists, respiratory doctors, thoracic surgeons, endocrinologists, hematologists, etc.

For the third question raised by the reviewer. Blood culture must be done for patients with severe multi space infection. The blood culture results of the case report patients have been added to the laboratory examination part of the article (134-135 lines).

## **Reviewer's code: 03730829**

### **SPECIFIC COMMENTS TO AUTHORS**

**This case reported Fatal complications in a patient with severe multi-space infections in the oral and maxillofacial head and neck regions; the case is interesting; However; it needs some revision:**

**-In discussion; you should add data about predictors of mortality in multispace infections.**

### **Author answer**

Based on the valuable opinions of the reviewer, we added the predictors of death in patients with multi interstitial infection in the discussion part of the article. (253-256 lines)

### **Manuscript modification details**

- 1. Add a running title ( (lines 6 to 7)**
- 2. Add all authors' ORCID number (lines 15 to 21)**
- 3. Add all authors' contributions (lines 23 to 25)**
- 4. Add statements (lines 26 to 29)**
- 5. Add a sentence to the conclusion (lines 64 to 65)**
- 6. Blood culture results were added in the laboratory examination section (lines 134 to 135)**
- 7. In the first part of the manuscript discussion, the epidemiology of multispace infections was added (lines 188 to 195)**
- 8. A reference (4) is added, so the order of references after 4 is adjusted in turn**
- 9. In the discussion section of the manuscript, predictors of mortality in multispace infections were added (lines 252 to 255)**
- 10. Delete a sentence here (line 256)**
- 11. Added a reference( 4. Pourdanesh F, Dehghani N, Azarsina M, Malekhosein Z. Pattern of odontogenic infections at a tertiary hospital in tehran, iran: a 10-year retrospective study of 310 patients. J Dent (Tehran) 2013;10:319-28 [PMID: 24396351])**
- 12. Image upload as a single file**
- 13. Informed consent statement; Conflict-of-interest statement; CARE Checklist (2016) statement upload separately**