Dear Editor,
Thanks for your and the reviewers' useful comments and suggestions on the structure of my manuscript.
I have modified the manuscript accordingly, and detailed corrections are listed below:

Reviewer 1（No. ID: 01214757）: Conclusion: Rejection
Scientific Quality: Grade E (Do not publish)
Language Quality: Grade C (A great deal of language polishing)
The contribution of article to literature is weak. There are many articles on this subject. publication is not appropriate.
Answer:
To our knowledge, acute upper gastrointestinal bleeding (UGIB) caused by Mallory- Weiss Syndrome (MWS) after an acute myocardial infarction (AMI) has not been previously reported.
The manuscript has been edited by Wiley Editing Service before submitting.

Reviewer 2. （No. ID: 00397579）Conclusion: Minor revision
Scientific Quality: Grade C (Good)
Language Quality: Grade A (Priority publishing)
The authors report a case of a patient diagnosed and treated for acute myocardial infarction in whom the post-intervention course was complicated by the upper gastrointestinal bleeding. The risks and course of action in UGIB after AMI treatment is obvious and well discussed by the authors. However, the disease course in this patient and relation to the AMI is not clear.

1) The patient experienced "an acute persistent chest pain after drinking for 5 hours". Was the patient habitually drinking alcohol? The medical history focuses on cardiovascular diseases and their risk factors, but did the patient had a history of portal hypertension, gastroesophageal reflux, or hiatal hernia?

Answer:

Sorry, I made the wrong description, actually it's the duration of chest pain (revised at page 4, line 24-28). The chest pain is just after some family drinking, we regarded it as a predisposing factor. The patient has no history of liver cirrhosis and esophageal varices (page 5, line 4-5).

2) The authors state that "AMI patients often have gastrointestinal symptoms, such as nausea and vomiting, early in the event" but they do not provide a reference for this statement. How frequent are these symptoms?

Answer:

In the paper in 1987, they studied the relationship between Nausea and Vomiting During Acute Myocardial Infarction. According to their result, the incidence is 55%. (Page 8, line 25-26, reference 14)

3) The use of combined anti-platelet therapy, especially in conjunction with heparin, are known risk factors for UGIB after AMI. The patient indeed received those before the onset of his symptoms and bleeding. This fact should be underscored in the discussion of the case.

Answer:

Discussed accordingly (Page 8 line 4-7, line 23-24).

Besides, intensified antithrombotic treatment of dual antiplatelet combined with anticoagulation drugs were commonly adopted in AMI post-PCI management, which definitely would increase the difficulty of disease differential and stopping bleed treatment.

Dual antiplatelet therapy can be continued with the assurance of no active bleeding under endoscopy.

Minor comments: 3) The acronyms should be explained in the main text, not only in the abstract.

Answer:

Revised accordingly.

4) The authors write about "cardiac mucosal tears": according to the official anatomical terminology, the adjective for cardia is cardial (cardiac should be used only when referring to a heart).

Answer:

Revised accordingly. (Page 4, line 17; Page 7, line 19)

Reviewer 3: (No. ID: 02565578) **Conclusion:** Minor revision
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)

Dear Sir, This paper represents the clinical case of the treatment of severe upper gastrointestinal bleeding caused by Mallory-Weiss syndrome after a primary

coronary intervention for acute inferior wall myocardial infarction. The article is written with the good English-speaking adduction of the arguments. The article is sufficiently novel and very interesting to warrant publication. All the key elements are presented and described clearly. The most discussable options in the article are: 1) There must be at least ECG presented as a Figure to prove diagnosis. The point is here also the monitoring of the myocardial infarction per se. How the heart function performed during that period of time. Can you inform the reader about any cardiac dynamics during that period of time - you can draw actually a scheme with ECG and hemodynamics through the time. It must be clear how challenging that episode was for the heart generally.

Answer:

A series of ECGs has been added in Figure 1.

2) Regarding the drugs, please provide the dosages.

Answer:

Revised accordingly. (page 6, line 17, 21;)

3) Please, elaborate your description with some details including the type of DES, percent of diameter stenosis and so on.

Answer:

Revised accordingly. (Page 6, line 15)

Reviewer 4: （No. ID: 03846820） **Conclusion:** Minor revision
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)

Du et al reported an interesting clinical scenario that an acute MI patient complicated with massive upper GI bleeding due to Mallory-Weiss tear, and was successfully treated with early invasive endoscopic approach. The description of the case is clear, but the language is more for layer readers instead of medical professional readers. I have the following specific comments for the authors to address:

1. NSTEMI or inferior STEMI? The patient was labeled as “nstemi” in multiple places (page 2 line 6, and page 3 line 8), but ST elevation in inferior leads in other

places (page 3, line 17 and page 4 line). Please clarified. The term "primary PCI" as reperfusion strategy is more commonly used in STEMI management.

Answer:

The patient was diagnosed as acute inferior wall myocardial infarction. I have revised the manuscript accordingly (page 2 line 6, and page 3 line 8 have been corrected to STEMI).

2. Page 2 line 9 "blood perfusion" should be "blood transfusion".

Answer:

Corrected accordingly.

3. Page 4 line 19 "perfused" to be "transfused"

Answer:

Corrected accordingly.

4. In current clinical practice and guidelines, the threshold for packed red blood cell (pRBC) transfusion is Hb < 8 with ischemic symptoms or Hb <7 without symptoms. Although, in the setting of myocardial infarction, whether a more liberal transfusion criteria (Hb <10) is beneficial, is still a question of on-going large clinical trial (NIH sponsored MINT trial) to answer. This patient received multiple units of blood transfusion. It is not a common clinical practice.

Answer:

The transfusion is based on the fact of acute large volume of blood loss and not known whether there would be further bleeding. Also, relative evidence has been discussed in the discussion part. (Page 8, line 11-18)

5. Page 4, line 4: please delete "an acute". When discussing stent thrombosis (ST) and interruption of antiplatelet therapy, it's not only related to "acute" ST (<24 hours after stent placement), it's related to all others (subacute, late and very late ST…)

Answer:

Revised accordingly.

6. Page 3 line 22, please specify which P2Y12 receptor antagonist was used and what loading dose?

Answer:

Added accordingly (Pantoprazole, 40mg, iv)

7. I felt that “esophagogastroduodenoscopy (EGD)” is the term more commonly used in literature to describe endoscopy for upper GI bleeding, than “gastroscopy”. The author may consider revise it throughout the manuscript.

Answer:

Revised accordingly. (Page 6,line 3, 8, 27)

8. The patient was drinking for 6 hours prior to his presentation with AMI. Was this patient alcoholic?

A description when he has esophageal varices would be helpful, especially in massive UGIB patient, one of the DDx should be ruptured esophageal varices in alcoholic patients with liver cirrhosis.

Answer:

Sorry, I made the wrong description, actually it’s the duration of chest pain. The chest pain is just after some family drinking, we regarded it as a predisposing factor. The patient has no history of liver cirrhosis and esophageal varices (page 5, line 4-5).

9. Page 4 line 20 “bradycardia” to be “tachycardia”

Answer:

Revised accordingly.

I have revised the manuscript according to the reviewers’ comment and would like to re-submit this manuscript, and hope it is acceptable for publication in the journal. If there are any problems or questions about our paper, please do not hesitate to let us know.

Thank you very much for your attention to our paper.

Sincerely yours,

Beibei Du