Dear Editors and Reviewers:

Thank you for your letter and for the reviews' comments concerning our manuscript. These comments are all valuable and very helpful for revising and improving our manuscript. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the revised manuscript and the responds to the reviewer's comments are as flowing:

1. Abstract: - don´t use the use Always.

Response: Thank you very much for your comments! We made changes in the abstract.

2. Key words: -case report is not a good key word. Use endoscopy for example.

Response: Thank you very much for your suggestion!

According to the requirements of the journal, **case report** must be included in the keywords.

3. Figures: - very good pictures. Legend needs to be revised by a native English speaker with experience in surgery/endoscopy, for example: oral fluid feeding (use oral contrast) and flexible gastroscopy (use flexible endoscopy).

Response: Thank you very much for your comments!

We reprocessed the language through SAGE language services. We sent the manuscript to the SAGE language services again. The native English speaker help us to revise the language.

4. Introduction: - needs english revision, in the first paragraph you use the word foreign body 4x. - Introduction is very short but it is very confusing. English revision is needed to improve the writing.

Response: Thank you very much for your comments and suggestion!

We reorganized the introduction and improved the language.

5. Case Presentation: - change gastroscopy for upper GI endoscopy.

Response: Thank you very much for your comments and suggestion!

We changed it in the revised manuscript.

6. Please describe why flexible endoscopy failed in this case?What was the approach for foreign body removal (forceps?snare?). What about the experience of the endoscopist?

Response: Thank you very much for your comments!

The patient was tried to remove the foreign body with forceps under upper GI endoscopy in the primary hospital, but failed. After admission, a multidisciplinary discussion was conducted, including hundreds of cases of chief physician with foreign body removal experience. Due to the foreign body penetrating from the mediastinum into the esophagus and incarceration, it was difficult to remove the foreign body under upper GI endoscopy due to the insufficient force and upward pull, resulting in longitudinal esophageal tear and damage the large blood vessels. We used rigid esophagoscopy to slowly move the foreign body into the esophagus and felt obvious resistance, which also proved that the gastroscope was difficult to remove.

7. Absence of evidente perforation? How is it possible?

Response: Thank you very much for your comments!

We are very sorry to ignore the concept of contained perforation, this case was indeed a contained perforation.

8. upper gastroenterography: the correct name is upper GI series. The case report really needs a native English speaker with experience in GI/surgery.

Response: Thank you very much for your comments!

We changed it in the revised manuscript and improved the language.

9. OOUCOME AND FOLLOW-UP: please correct for OUTCOME, additionally, the English of this section really needs revision.

Response: Thank you very much for your comments!

We are very sorry for this mistake, we corrected it in the revised manuscript.

10. Discussion: - primary care hospitals' insufficient technical abilities: this statement is not polite.

Response: Thank you very much for your comments!

We revised it in the manuscript. "In addition, the **lack of technical expertise and incomplete debridement** of the trauma zone in primary care hospitals general result in a residual foreign body".

11. the layers of the esophagus may adhere to each other after foreign body removal; thus, in this case, obvious perforation was not observed in the esophagus. This explanation is not correct. This is a contained perforation.

Response: Thank you very much for your comments!

You are correct. This is a contained perforation. Maybe the perforation had healed, and we didn't observe it.

12. What about PPI to avoid acid reflux in the healing process?

Response: PPI reduces the secretion of gastric acid, thus reducing the damage of gastric acid reflux to esophageal wound. In addition, decreased gastric acid secretion will reduce the activity of reflux pepsin and promote esophageal healing.

Once again, thank you very much for your comments and suggestions.

Best wishes

Yours Sincerely

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