

Q1. A detailing of the operative technique and the type of prosthetic material used would add to the relevance of the article.

A: Thank you very much for the encouraging comments and thoughtful suggestions. We have added the details of operative technique and the material used for the patient in the manuscript. Details are as below:

Laparoscopic hernia repair with mesh reinforcement + Nissen fundoplication was carried out in accordance with the guidelines recommended by the Society of American Gastrointestinal and Endoscopic Surgeons.

The patient was positioned in supine, split-leg position and the chief surgeon stood between the patient's legs, while the assistant surgeon stood on the patient's left. Four ports and a home-made liver retractor used for surgical access. The initial port of 12mm was placed supra-umbilically for the laparoscope. After entry, the abdomen was explored looking for iatrogenic injury and presence of intra-abdominal adhesions that would hinder subsequent port placement. A 12mm port was then placed just below the left costal margin in the mid-clavicular line as the main working port. The other two 5 mm ports were also placed, one just below the right costal margin in the mid-clavicular line, and the other in the left flank. A separate 3 mm subxiphoid incision was made for the reverse "7" shaped, home-made liver retractor as showed in the pictures.

Firstly, an atraumatic grasper was used to grasp the anterior epigastric fat pad, then the stomach was retracted downward and toward the left lower quadrant to reposition. Subsequently, dissection was preformed until diaphragmatic cururae were well displayed, along with the preservation of hepatic branch of the anterior vagus nerve. Then, 3cm of tension-free esophagus was repositioned intra-abdominally. The hiatus was then repaired posteriorly with interrupted non-absorbable sutures. As the patient's hiatal defect reached 8cm, we preformed mesh reinforcement using Parietex™ Composite (PCO) hiatal mesh provided by Medtronic (Minneapolis, USA). Finally, Nissen fundoplication was completed. The 360° wrap was created by grasping the right and left portion of the mobile funds and pulling them behind the esophagus and sutured together in front of the anterior part of the abdominal portion of the esophagus. The length of the wrap was 2cm with 3 sutures. At the end, a gastropexy was performed by suturing the posterior fundus to the inferior crus with three interrupted permanent sutures.

Q2. Hiatal hernias (HH) are common in the elderly population and can cause gastroesophageal reflux disease and anemia, as the authors point out. This case report includes two interesting points: (1) HH occurred in a relatively young man. (2) The authors performed successful laparoscopic repair of the complete intrathoracic stomach without significant complications using a prosthetic patch in addition to Nissen fundoplication. However, I have some comments to improve the manuscript as followings:

- 1) The patient information still remains on the images of chest x-ray and CT scan. Although the written informed consent was obtained from the patient and the ethics

committee of your institute approved this case report, the information which specified the patient (eg. patient's name) should be eliminated as possible.

A: Thank you very much for the encouraging comment and thoughtful suggestion. According to your suggestion, we eliminated the information related to the patient and reuploaded the images.

2) In the conclusion section, you should briefly mention what this case report adds to the literature, not just a summary.

A: Thank you very much for the comment and thoughtful suggestion. We have revised the conclusion section based on your suggestion.

3) Was there any other cause of anemia? Add serum iron and ferritin levels to ensure a diagnosis of iron deficiency anemia.

A: Thank you very much for the suggestion. We have added the pre- and post-operative results of serum iron and ferritin level in the manuscript.

4) I think it is better to discuss why HH occurred in a relatively young man. If obesity is one of the known risk factors of HH, mention it with a reference.

A: Thank you very much for the encouraging comment and thoughtful suggestion. We added related contents with the reference in the manuscript.

5) Please describe the reference to the following sentence: "However, most large Paraesophageal HH occur in elderly patients with the incidence rate of >60% above the age of 70 years and is a relatively rare condition in all types of HH."

A: Thank you very much for the comment. We have added the reference as "Winans CS. Hiatus hernia. Its significance in the elderly patient.[J]. Geriatrics, 1972, 27(10):69" in the manuscript.

6) In Figure 4, I guess you took a photo of the result of manometry and trimmed it. To improve the quality of the figure, I recommend you scan the result, if possible.

A: Thank you very much for the encouraging comments and thoughtful suggestions. The result of manometry is in Chinese language, and unfortunately there is still no professional translation for it. Therefore, we couldn't provide with the picture of the result.

7) This manuscript contains some grammatical mistakes, thus, revise these errors carefully. For example, "... by the another hospital", "... demonstrated a intrathoracic gastric bubble ..." should be corrected to "... by another hospital", "... demonstrated an intrathoracic gastric bubble ...", respectively.

A: Thank you very much for the comment and thoughtful suggestion. We have rechecked the manuscript and revised the mistakes.

8) The names of medicine such as omeprazole and domperidone should not be capitalized except at the beginning of a sentence.

A: Thank you very much for the comment and thoughtful suggestion. We have revised the name of medicines in the manuscript.

9) The affiliation #3 is missing. Please, correct it.

A: Thank you very much for the comment. The upper case number should be 1, and there is no third affiliation. Really sorry for the mistake and the number is corrected in the manuscript.