

April 15<sup>th</sup>, 2020

**Reply to the Editors**

Dear Editor,

We are grateful for the careful review of our manuscript entitled “Endoscopic Pedicle Flap Grafting in the Treatment of Esophageal Fistulas: A Case Report” (Manuscript NO. 55333) . We greatly appreciate your consideration, as well as the reviewers’ comments/suggestions. We carefully revised the manuscript and addressed all of the reviewers’ comments/suggestions.

Sincerely,

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## Response to the comments

1. Reviewer 1's comment:

**Q: you could explain if there are any comparative series or case reports about esophageal flaps in esophageal fistulas (comparison with stents or surgery) and if there are any series or case reports about esophageal flaps in other pathology.**

A: Thank you for this comment.

(1) There have been numerous reports of surgical repair of fistula using various kinds of flaps, including different muscle flaps, fascia flaps, skin flaps, intestinal flaps and omental flaps etc. Stents are also reported. But to our knowledge, there has been no report of using mucosal flaps for treating esophageal fistula, after having searched the database. Although combination of muscle flaps and stent are reported, no direct comparisons are made between these modalities. Comparative studies involving EPFG, stent and surgical repair using muscle flap, are needed in the future to demonstrate the advantage and disadvantage of each modality. Perhaps a combination of EPFG and stent might also be a choice (See manuscript, page 8 line 19-21).

(2) Esophageal flaps, especially muscle flaps, skin flaps and intestinal flaps are common materials for surgical reconstruction of esophagus after esophagectomy, or for surgical repair of esophageal perforation or leakage. This has been addressed in both introduction and discussion section of our manuscript (See manuscript page 4 line 16-19 and page 8 line 19). Mucosal flap has been reported to prevent post-ESD esophageal stricture, which has also been addressed in the discussion section (See manuscript, page 8 line 6-7). In addition, esophageal mucosal flap valvuloplasty for anti-GERD therapy has also been reported. But we think the valvuloplasty is irrelevant to the mechanism involved in fistula healing, so we did not cite these papers in our manuscript.

2. Reviewer 2's comment:

**Q: The present manuscript showed the effective treatment with patient's own pedicle flap placement in a patient with esophageal fistulas in diverticulum. The topic is interesting and**

manuscript well written. However, there are some concerns to be clarified. 1. Follow-up period is short. Please, provide management and clinical course after first follow-up endoscopy. 2. It is difficult to know procedure methods in detail and improvement of fistula with figure 1 d to e. More clear photos would be helpful for the readers.

A: Thank you for your thoughtful suggestion.

(1) In fact, we offered the patient a second chance of EPFG to close the smaller fistula after first follow-up, but it was refused for some personal considerations. The patient is now considering a surgical option of resecting the diverticulum, and is waiting for the clearance of the chronic infection so as to be indicated for surgery, by feeding through the PEG tube. No endoscopic management was given thereafter. We described this in **OUTCOME AND FOLLOW-UP** section (See manuscript, page 7 line 13-16).

**The original:** Coughing and backache were relieved, and no fever was observed a week after the surgery. The patient was discharged from the hospital thereafter. Forty-five days after the surgery, endoscopic examination showed that the fistulas were reduced in size. The larger one was reduced from 0.5cm to 0.2cm, while the smaller one was fully closed (Figure 11).

**Revision:** Coughing and backache were relieved, and no fever was observed a week after the surgery. The patient was discharged from the hospital thereafter. Forty-five days after the surgery, endoscopic examination showed that the fistulas were reduced in size. The larger one was reduced from 0.5cm to 0.2cm, while the smaller one was fully closed (Figure 11). We offered the patient a second chance of EPFG, but it was refused. The patient is now considering a surgical option of resecting the diverticulum, and is waiting for the clearance of the chronic infection so as to be indicated for surgery, by feeding through the PEG tube.

(2) Regarding the figures, we have added more photos to better illustrate the procedure, which can be found in newly submitted Figure 1. We also included a separate video in the file list to help elaborate the performance.

3. Editorial Office's comments:

**Q1: Science Editor:**

**Recommend for potential acceptance. 1 Scientific quality: The manuscript is a case report of endoscopic pedicle flap grafting. The topic is in the scope of WJCC. (1) Classification: B and C. (2) Summary of the peer-review report: The present manuscript should be further improved to be published in World Journal of Clinical Cases. The topic is interesting and manuscript well written. More clear photos would be helpful for the readers. Authors could explain whether there are any comparative series or case reports about esophageal flaps in esophageal fistulas (comparison with stents or surgery) and whether there are any series or case reports about esophageal flaps in other pathology. (3) Format: One figure. Thirteen references were cited, including seven references published in the last three years. No self-citation. 2 Language evaluation: 2B. Language editing certificate was provided by MedSci. 3 Academic norms and rules: The authors should provide CARE Checklist–2016 with line/page. The authors signed the conflict-of-interest disclosure form and copyright license agreement. The written informed consent was written by patients for publishing article, not for therapy. No academic misconduct was found in the CrossCheck investigation and the Bing search. 4 Supplementary comments: (1) Unsolicited manuscript. (2) Without financial support. (3) Corresponding author has not published articles in WJCC.**

**Q2: Editorial Office Director:**

**1 Scientific quality: I have checked the comments made by the science editor, and I basically agree with the science editor. The topic of the paper is within the scope of the WJCC. (1) Classification: Grade B, and Grade C; (2) Summary of the Peer-Review Report: Reviewer 00057299 summarized that the topic is interesting and manuscript well written; and gave two concerns to be clarified. Reviewer 03725698 suggested the authors to explaining if there are any comparative series or case reports about esophageal flaps in esophageal fistulas (comparasion with stents or surgery) and if there are any series or case reports about esophageal flaps in other pathology; and (3) Format: I have checked the manuscript, and I agree with the science editor. 2 Language evaluation: I agree with the comments made by the science editor. A language editing certificate issued by MedSci was provided. 3 Academic**

**norms and rules: I have checked the documents, including the Conflict-of-Interest Disclosure Form, Copyright License Agreement, and the Informed Consent Statement, all of which are qualified. No academic misconduct was found in the CrossCheck detection and Bing search.**

**4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for this study.**

**5 Issues raised: (1) I found that the figures can't be edited. Please provide the original figure documents. All submitted figures, including the text contained within the figures, must be editable. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.**

**6 Recommendation: Conditionally accepted.**

**Q3: Company Editor-in-Chief:**

**I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.**

A: Thank you for your careful review and considerations. We have revised our manuscript according to the reviewers' and editorial office's comments. The concerns of editorial office and reviewers that need to be revised are addressed as follows.

- (1) We have answered the questions raised by the two above reviewers and made appropriate revisions to our manuscript.
- (2) Figure 1 was re-edited using PowerPoint, and each image, arrow, number and legend is editable. We uploaded it as a separate file.
- (3) We provided CARE Checklist 2016 with page.
- (4) We made our revision according to the Criteria for Manuscript Revision.

Finally, the files uploaded are all listed below.

- (1) 55333-Manuscript File
- (2) 55333-Answering Reviewers
- (3) 55333-Audio Core Tip
- (4) 55333-Conflict-of-Interest Disclosure Form
- (5) 55333-Copyright License Agreement
- (6) 55333-Signed Informed Consent Form(s) or Document(s)

(7) 55333-Non-Native Speakers of English Editing Certificate

(8) 55333-Video

(9) 55333-Image File (Figure 1.pptx)

(10) 55333-CARE Checklist-2016