1. The article is interesting for the occurrence of a biliary litiasis ina gastromized patient where endoscopic procedure was not available. I think the reported case, as it is written, doesn't add anything new to the emergency surgical procedures adopted worlwide in COVID-19 era.

Answer: The article has provided the following epidemic prevention regulations of the hospital anti-COVID-19 measures:

During patient admission, when the current COVID-19 epidemic situation is still severe, strict screening and careful admission must be carried out. It is also to investigate fully the epidemic situation and contact history with the epidemic area; improve the relevant epidemic investigation and inspection (such as routine blood examination, C-reactive protein, chest CT, novel coronavirus nucleic acids and antibodies); and arrange a single ward for isolation and protection.

Before surgery, patients sign the "Surgical Screening Form for Hospital Response to COVID-19 Epidemic Situation" and confirm that they have had no contact with COVID-19 pneumonia. according to the specified protective route, the patient was transported to the specific independent negative pressure operating room, and underwent emergency laparoscopic exploration

During the operation, taking secondary level protective measures for the operating room, supplies and personnel; avoiding splashing of body fluids and injury from sharp devices.

After the operation, the surgical instruments and medical waste should be marked, classified and isolated in a unified way, and the operating room should be thoroughly disinfected.

2. It should be useful to stress the reasons of the laparoscopic choice in an elderly patient with impaired respiratory condition and a localized peritonitis due to a gangrenous cholecystitis.

Answer: The present case had a history of radical gastrectomy, and although abdominal adhesions were serious, laparoscopic cholecystectomy was still

successful following the above principles without any side effects. The article has provided the following experience in the part of discuss:

Our experience of laparoscopic surgery in the patients with a history of upper abdominal surgery is as follows. (1) The first puncture site should be at least 2 cm away from the original open incision, because the original surgical incision generally has intestinal or omental adhesions, which often exceed the incision length by 2–5 cm. (2) When the laparoscope enters the abdominal cavity, if it is difficult to insert the laparoscope in the case of wrapped adhesions, we should carefully look for looser adhesive tissue voids or avascular areas; use the lens to penetrate the adhesion; and assist separation of the adhesion through the auxiliary puncture hole, until the surgical site is fully exposed. (3) When separating important organ adhesions, the adhesion level should be clearly identified, and blunt and sharp separation should be used to prevent direct loss of adhesive organs or delayed electrical damage.

3. Furthermore, it could be intersting tio know how respiratory complications have been treated, as the early discharge despite the re-intubation and the hospitalization in Intensive Care Unit.

Answer: The article has provided the following measures of treating respiratory complicatins: He was treated with anti-infective agent (meropenem 2 g, intravenous drip, q8h), mucolytic agent (ambroxol 60 mg, intravenous injection, q8h), atomization (budesonide respirable suspension 2 ml, ipratropium 500 g, q8h), and immune enhancement (immunoglobulin 10 g, qd), fresh plasma (200 ml, qd, 3 days continuously). After 97 h of intensive treatment and specialist bedside care, he was successfully separated from the ventilator again. After 24 h of oxygen therapy through the oxygen storage mask, his respiratory function returned to normal.

4. May be a further description of the hospital anti-COVID-19 measures could be more interesting.

Answer: see above mentioned answer 1

We believe that above mentioned epidemic prevention regulations of the hospital will provide a reference for the effective epidemic prevention in the emergency surgery of elderly patients with high-risk acute abdominal diseases during the COVID-19 pandemic.

5. In conclusion, I think the article is to be completely thought again.

Answer: In the revised version, the experience and lessons of the operation in the case report has been mainly described and discussed, however the prevention of covid-19 was weakened. In addition, the statement of during the COVID-19 pandemic has been deleted in the Title and Core tip.

Title: Therapeutic experience of an 89-year-old high-risk patient with incarcerated cholecystolithiasis: a case report and literature review

Core tip: We report the therapeutic experience of an 89-year-old high-risk patient with acute gangrenous cholecystitis and septic shock induced by incarcerated cholecystolithiasis. This paper explores the indication for emergency surgery, selection of surgical procedure, maintenance of postoperative cardiopulmonary function, so as to provide beneficial reference for emergency surgery in elderly patients with high-risk acute abdominal diseases.

***CONCLUSION* in the part of abstract:** Emergency surgery for elderly patients with acute abdominal disease is safe and feasible during the COVID-19 pandemic, the key is to strictly abide by the hospital's epidemic prevention regulations, fully implement the epidemic prevention procedure for emergency surgery, fully prepare before the operation, accurately perform the operation, and carefully manage the patient postoperatively.