
Response Letter

Dear Editorial Office

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter

We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Prof. Shen YY

We would like to express our sincere thanks to the reviewers for the constructive and positive Comments

Reviewer #1:

Specific Comments to Authors: This is a rare but, clinically insignificant case, well managed, well written. Still, it is interesting, easy to read. The readers should be aware of such a complication.

Answer: No.

Reviewer #2:

Specific Comments to Authors: Fairly well written, interesting case. It should raise awareness to this complication in emergency department patients. However, I would like to know a more detailed history, physical examination and post-operative course. References could also be optimized by citing more recent articles and less clinical cases; at least one review should be included. Please see attached document for a more detailed revision.

1、 However, I would like to know a more detailed history, physical examination and post-operative course?

Answer: More detailed history, physical examination and post-operative course have been added to manuscript.

2、 References could also be optimized by citing more recent articles and less clinical cases; at least one review should be included.

Answer: We have added more recent articles and review in the references.

3、 IS US diagnosis of bladder perforation straightforward? Should every patient with suspected bladder perforation undergo US? What other exams or techniques can be used to diagnose this kind of situation pre-operatively?

Answer: US is not necessary for bladder perforation. The best test for diagnosis of bladder examination is bladder affusion and bladder radiography. In this patient, we have not consider bladder

perforation before surgery. If we perform a multi-site ultrasound examination for the patient, we may see the US performance as shown in Figure 4, which is very helpful for identifying the location of the intra-abdominal perforation.

Reviewer #3:

Specific Comments to Authors: I found this manuscript very informative because bladder injuries in bedridden patients may more common than anticipated in the era of aging societies around the world. The authors are suggested to revise the manuscript with following comments.

MAJOR POINTS:

- 1) any postoperative complications occur?

Answer: No surgery-related complications occurred after the operation.

- 2) what the authors did for urinary catheterization, re-insertion of urethral catheter (please specify the type of catheter, if applicable), or cystostomy??

Answer: We re-insert a new urethral catheter for the patient. type of catheter: 18F, Foley catheter.

MINOR POINTS:

1. History of past illness in CASE PRESENTATION: “chronic obstructive pulmonary stabilization” means “chronic obstructive pulmonary disease”?

Answer: “chronic obstructive pulmonary stabilization” is means “chronic obstructive pulmonary disease”. We have changed to "chronic obstructive pulmonary disease" in the manuscript.

2. Figure 1E, legend: regarding the sentence “and the end of catheter was inserted into the bladder wall”, “inserted into” may be replaced with “sited in” or “found in” (because the author did not insert the catheter by themselves).

Answer: We have changed "inserted into" to "sited in" in legend of Figure 1E.

3. DISCUSSION, row 6 and 17: The authors cited the article by Chan VSH et al. [3]; however, this

article described diagnostic differentiation with non-operative management of bladder diverticulum. Please check if the citation is correct.

Answer: We have replaced other references here.

4. DISCUSSION, row 22: “Jennifer M” must be “Martin J et al.”.

Answer: We have changed " Jennifer M " to " Martin J et al." in manuscript.

Step 6: Editorial Office’s comments

(1) Science Editor:

Issues raised:

1、 The “Author Contributions” section is missing. Please provide the author contributions;

Answer: We have added the "Author Contributions" section in the text.

2、 The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Answer: We have provided a PowerPoint with the original picture in the attachment.

3、 PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

Answer: We have changed the format of references.

(2) Company Editor-in-Chief:

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Answer: We have corrected in the manuscript.

Step 7: Revise the manuscript

Please update your manuscript according to the **Guidelines and Requirements for Manuscript Revision** and the **Format for Manuscript Revision** for your specific manuscript type: ‘Case Report’. Please visit <https://www.wjgnet.com/bpg/GerInfo/291> for the article type-specific guidelines and formatting examples. We only accept the manuscript in MS Word format, and the manuscript in other formats will be rejected.

Answer: We make changes to the format of manuscript according to "Format for Manuscript Revision-Case Report".

Step 8: Submit the revised manuscript and all related documents

In order to be able to edit your manuscript in time and with high quality, and make it finally be accepted and officially published, please submit your revised manuscript online based on the revised version in MS Word format, by following the 'Steps for Submitting Revised Manuscript'. The steps for submitting your revised manuscript include: (1) Author Information; (2) Manuscript Information; (3) Abstract, Main Body, and Acknowledgements; (4) References; (5) Footnotes and Figure Legends; (6) Automatically Generate Full Text Files; and (7) Upload the Revision Files. There are 'Guidelines for Writing' for each step of submitting your revised manuscript. When steps 1-5 are completed, the full text file will be automatically generated and stored in the Uploaded Files, and you will not need to upload it manually. The figures and tables should be uploaded separately to the Uploaded Files. For step 4 (References), please be sure to edit the references by Auto-Analyser to ensure the correctness of all reference information. Please start to test the references by clicking on the “Edit References by Auto-Analyser” button on the page. The specific steps are: (1) Copy all references to the Auto-Analyser. The reference list should begin with Arabic number “1”, and please do not use brackets for the references numbers; (2) click on the “Check If There Are Any Duplicate References” button to detect potential duplicate references in the reference list; (3) click on the “Edit References by Auto-Analyzer” button to automatically edit and standardize the format of references with a PMID number; (4) verify the list of references that have undergone automatic edition and standardization in the “Proofreading of the References” and “Auto-Edited References Preview” pages under the “Result of Analyze”; and (5) click on the "Confirm" button at the bottom of the

page and the system will automatically replace and update the list of references online.

Answer: According to the steps and complete the submission.