

Dear Editor,

Thank you for your decision letter dated 2020-08-05. We are honored to know that a new manuscript with an adequate revision, which takes into consideration the comments of the reviewers, could be resubmitted to the World Journal of Clinical Cases. We thank the reviewers for the time and effort that they had put into reviewing the previous version of the manuscript #ID 58608. Their professional suggestions have enabled us to improve our work greatly. Based on the instructions provided in your previous letter, now we try to upload a revised manuscript. Attached to this letter is our point-by-point response to the comments raised by the reviewers. The comments were reproduced in bold type and our responses were given directly afterward in a red color. Accordingly, we have also marked all the track changes with red color in the revised manuscript.

We are indebted to you for your excellent work in processing the manuscript and looking forward to your replies at your earliest convenience.

Sincerely,

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● **Step 1: Please select to revise this manuscript or not**

Response: We choose to revise this manuscript.

● **Step 2: Key points of revising the manuscript**

(1) Scientific quality

Response: All issues in the manuscript based on the peer review report were resolved and listed as below.

(2) Language quality

Response: Manuscript was edited by Editage (#ID FQVMU_3).

(3) Special requirements for figures

Response: It was revised according to order.

(4) Special requirements for tables

Response: It was revised according to order.

(5) Special requirements for references

Response: It was revised according to order.

(6) Special requirements for article highlights

Response: Not applicable.

(7) Ethical documents

Response: All ethical documents were confirmed to be correct.

(8) Approved grant application form(s) or funding agency copy of any approval document(s)

Response: Confirmed.

● **Step 3: Manuscript revision deadline**

Response: Manuscript were revised within 14 days.

● **Step 4: Verify the accuracy of general information for your manuscript**

Response: Confirmed.

● **Step 5: Peer-review report(s)**

Response: All issues in the manuscript based on the peer review report were resolved and listed as below.

● **Step 6: Editorial Office's comments**

Response: All issues in the manuscript based on the editorial office's comments were resolved and listed as below.

● **Step 7: Revise the manuscript**

Response: Manuscript was revised according to comments and orders.

● **Step 8: Submit the revised manuscript and all related documents**

Response: Revised manuscript was resubmitted.

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Reviewers' Comments to Author:

Reviewer: #1

● **Comments to the Author**

- **Abstract:** Gestational weeks should be described at diagnosis and cesarean section.

Response: Gestational weeks was added in abstract.

Marked: Line 56-57 and 64.

- **Introduction:** The first two lines are not necessary. Also, line 95-104 should not be included in the introduction. The authors should describe the specific point and aim of this report. The mortality rate of diaphragmatic hernia during pregnancy has been reported to 40%.

Response: We deleted first two lines and line 95-104, and added context related to mortality rate in introduction. Specific point is that the presentation of this case is tending to be ignored and easily misdiagnosed as severe acute pancreatitis. Aim of this report is to summarize the key points of accurate diagnosis and experience of successful treatment for this situation.

Marked: Line 85-87 and 94-97.

- **Case presentation:** The gestational weeks should be described through the treatment course.

Response: Gestational weeks was added through the treatment course.

Marked: Line 190-192.

- **Case presentation:** What was the pregnancy method? Was it natural? Was it fertility treatment? Were there any pre- and post-pregnancy diaphragmatic hernia symptoms?

Response: The pregnancy method was natural. There were no symptoms related to diaphragmatic hernia before pregnancy. Post-pregnancy diaphragmatic hernia symptoms were revised in chief complaints.

Marked: Line 108, 105-106, and 102-105.

- **Case presentation:** Line 165-166; Ultrasound or MRI are the better choice during pregnancy; however, CT is not contraindicated. In some cases, MRI

is not available soon. If needed, clinicians should perform CT for the diagnosis, particularly in severe illness. Delayed diagnosis often leads to more serious outcomes.

Response: We revised line 165-166. The side effects of radiography or CT scans are far less harmful to the fetus and should not be denied to pregnant women if it is necessary. Please check.

Marked: Line 158-163.

- **Case presentation:** Line 200-201; The information of antenatal fetal heart rate pattern (cardiotocogram), intrapartum neonatal Apgar score and cord blood gas, and postnatal neonatal development and brain damage should be included.

Response: We added information of antenatal fetal heart rate pattern (cardiotocogram), intrapartum neonatal Apgar score and cord blood gas, and postnatal neonatal development and brain damage.

Marked: Line 198-200.

- **Discussion:** It is too long. Should be short. Did this patient have congenital diaphragmatic hernia before pregnancy as the authors described the title? It is unlikely that only pregnancy itself caused diaphragmatic rupture.

Response: We changed the discussion to make it more concise. We are not sure whether the diaphragmatic hernia is congenital, therefore, we deleted “congenital” in title. Pregnancy itself may cause diaphragmatic hernia (PMID: 21410835, DOI: 10.1111/j.1447-0756.2010.01451.x; PMID: 17406879, DOI: 10.1007/s00404-007-0347-z).

Marked: Line 5 and DISCUSSION section.

- **Conclusion:** Contraception is not absolutely necessary if diaphragmatic hernia was completely repaired. Routine laboratory tests is not necessary because this condition was considered to be caused due to pregnancy. “Neonatal development requires close monitoring for preventing complications.” is of course important, but it is not the conclusion of this paper.

Response: We deleted inaccurate conclusion. Please check.

Marked: CONCLUSION section.

Suggestions From Editor

- The authors did not provide the **approved grant application form(s)**. Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Confirmed.

Marked: Approved grant application form was submitted. Please check.

- 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;

Response: It was revised according to order.

Marked: Original pictures were submitted.

- **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.

Response: We added all authors, PubMed and DOI citation numbers to the reference list. Please check.

Marked: Line 333-368.