

Answering Reviewers

Dear editor:

We feel great thanks for your professional review work on our article. You and others reviewers' comments are all of great importance to our article, and all of these comments have contributed a lot to improve the quality of our article. According to these nice suggestions, we have made extensive modifications to our previous manuscript and supplemented extra data to make our results more convincing. In addition, we have made the manuscript more concise in order to make it read easier and more captivating. Furthermore, we invite a friend of ours who is a native English speaker from the USA to help polish our article. We also carefully proofread the manuscript to minimize typographical, grammatical, and bibliographical errors. In this revised version, changes to our manuscript were all highlighted within the document by using red-colored text. If there are any other modifications we could make, we would like very much to modify them and we really appreciate your help. World Journal of Clinical Cases is a journal of great popularity and prestige. We hope that our manuscript could be considered for publication in your journal. Thank you very much for your help. Meanwhile, we also wrote a point-by-point response letter to other reviewers to acknowledge their help and denote where we made revisions.

Reviewer #1

Comments:

1. As far as describing hernias through trocar sites (even 5 mm) – nothing novel here. Several cases previously described.

Reply: Dear reviewer, thank you very much for your professional review work on our manuscript and thanks for your positive comments. It is our great honour to receive your recommendation. Your suggestion really means a lot to us. As you mentioned, few studies have reported the TSHs at the drain-site. However, to the best of our knowledge, none of these studies has provided practical and simple means of prevention, and TSH appeared in clinical practice occasionally. In our study, we report a rare case of drain-site

strangulated TSH soon after the removal of the drain tube followed by a brief review of the literature with the hope of enhancing the general understanding of such cases. Then, we proposed a novel, simple, and practical strategy to close the trocar incision at the drain-site, known as the technique of delayed port closure, which is expected to be promoted in clinical practice. Thank you for your constructive comments. And we hope the revised manuscript could be acceptable for you. Thank you for your help.

2. Do you suggest that all 5 mm trocar sites be closed in your technique? The rate of TSH at 5 mm ports is very small. Also, how can you close the 5 mm site if there is a drain passing through it.

Reply: Dear reviewer, thank you for your reminding. As you have mentioned, TSHs are likely to occur even in 5mm trocar sites. Therefore, as summarized in our study, we recommend closing all the trocar site incision under the direct vision that may cause TSH. The method we have proposed is simple, practical, and non-time-consuming. With this technique, the 5mm trocar incision can be easily closed even with a drainage tube passing through, and the detailed steps are shown in Figure 2. And we hope the revised manuscript could be acceptable for you. Thank you for your help.

Minor:

3. Figure 2 – please add subfigures for clarity. Gripper? – did you mean grasper or maybe grasp. Also – how do you tie the suture? Is it on top of the skin? Specify the needle size and length in Gauge and cm.

Reply: Dear reviewer, thanks for your careful checks and suggestions. We apologize for the poor writing skill of the previous manuscript. All of your suggestions have contributed a lot to improve the quality of our article. According to your valuable suggestions, we have added three additional subfigures to describe the procedures in more detail. Furthermore, we modified the “Gripper” as described in the previous manuscript to “Grasper” in the current revised version (highlighted within the document by using red-colored text). We also applied Gauge (G) and millimetres (mm) to describe the needle size to make our

description more accurate. As shown in Figure 2, the suture is simply wrapped around the drainage tube during the placement of the drainage tube, and finally tied after the drainage tube is removed (also known as the delayed closure technique). We hope the revised manuscript could be acceptable for you. Thank you for your help.

4. Abstract – the case needs to starts with the initial surgery and then continue to describe her present presentation.

Reply: Dear reviewer, thanks for your valuable suggestions. We feel very sorry for our poor writing skills. According to your professional suggestion, we have re-written the abstract section according to your suggestion. We hope the revised manuscript could be acceptable for you. Thank you for your help.

5. Abstract – add the size of the trocar.

Reply: Dear reviewer, we deeply apologize for not providing sufficient data and information. According to your professional suggestion, we have supplemented the information about the size of the trocar in the abstract section. We hope the revised manuscript could be acceptable for you. Thank you for your help.

6. Abstract conclusions – "vision", not "version"

Reply: Dear reviewer, thanks for your careful checks and valuable suggestions. We sincerely apologize for our incorrect writing. According to your suggestion, we have carefully proofread the manuscript to minimize typographical, grammatical, and bibliographical errors. Furthermore, we invite a friend of ours who is a native English speaker from the USA to help polish our article. Due to our friend's help, the manuscript was edited extensively. In this revised version, changes to our manuscript have been highlighted within the document by using red-colored text. And we hope the revised manuscript could be acceptable for you. Thank you for your help.

7. Case report – unless required by the journal the case should be described without the headlines of CC, HPI, PMH etc.

Reply: Dear reviewer, thanks for your valuable suggestions. According to the requirements of this journal for the case report, we need to list the patient's present illness, medical history, family history, and social history, respectively. We hope to get your understanding and support. Thank you very much.

8. References – there is no space between the year and volume?

Reply: Dear reviewer, we are very sorry for the format error of the reference caused by our negligence. According to your professional suggestion, we have modified the references styles to meet the need for publication. Thanks for your reminding and your kindly help. We hope the revised manuscript could be acceptable for you.

9. References – please add Zemet et al. JSLS 2018.

Reply: Dear reviewer, thanks for your valuable suggestions. According to your professional suggestion, we did an extensive search for “Zemet et al. JSLS 2018”, but the result was that we found this study was published in 2012 instead of 2018. Therefore, we cited the study by Zemet et al entitled “Incarcerated hernia in 11-mm nonbladed trocar site following laparoscopic appendectomy” published in the Journal of Laparoscopic Endoscopic Surgeons (JSLS) in 2012. If there are any other modifications we could make, we would like very much to modify them and we really appreciate your help. And we hope the revised manuscript could be acceptable for you. Once again, thank you very much for your comments and suggestions. Best wishes!