

Comments to the Author

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

1. The relevant content of the 'History of present illness' needs to be supplemented completely, and at least the injured part and the patient's symptoms at the time must be described.

→ Thank you for your valuable comment. As recommended, we have added the details of 'History of present illness.' (Pages 5-6)

2. What enlightenment does this patient bring to us? That is to say, the next time we encounter a similar patient, what other problems should we pay attention to besides considering that we can use the purse-string technique to repair delayed re-perforation of the stomach? For example, extensive abdominal examination during the first operation can prevent delayed perforation. What other experiences are worth summarizing in the course of treatment?

→ We have described that in circumstances of swollen and friable mucosa that can be expected in cases of delayed traumatic perforation, fixation of endoloop with endoclips may not be feasible. Thus 'modified purse-string technique' using pillar clips instead of conventional technique may be a useful method in such clinical situations. We additionally emphasized this opinion in discussion section. (Page 10 (line number 22-28), page 11 (line number 1))

Further, we have added the necessity of extensive abdominal examination during first surgery for preventing delayed perforation at the end of discussion section. (Page11, liner number 1-5)

3. 'an extensive abdominal examination during the first surgery could have identified the gastric injury and prevented perforation and complications' should be included in the summary of experience, not limitations.

→ As recommended, we have moved the sentences to the part of summary of experience from limitations. (Page 11, line number 1-5)

4. The limitation of this paper should be the particularity of this case, because the particularity somewhat limits generalisability , and there is a lack of comparative study, as a result, the safety and effectiveness of the modified purse-string technique involving endoloops and endoscopic clips in the treatment of delayed gastric re-perforation due to trauma become uncertain.

→ As suggested, we have modified the limitations of our study. (Pages 11, line number 6-10)

5. In the Final Diagnosis, it is suggested to add 'delayed stomach perforation'.

→ As recommended, we have added 'delayed stomach perforation' in the final diagnosis. (Page 7, line number 5-6)

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors:

1. The CT on the first day after surgery should be more carefully analyzed for signs of bleeding. Is there any literature on the diagnosis of delayed gastric ulcer?

→ Thank you for your valuable comment. As suggested, we have added more detailed information about initial CT scan and reference literature about radiologic diagnosis of gastric ulcer. (Page 6 (line number 27-28), page 9 (line number 17-18))

2. What's the amount, color, and nature of the abdominal drainage fluid after the emergency operation of the patient? Did it have any suggestive significance for delayed gastric perforation?

→ After emergency surgery, a total of four drainage tubes were inserted in the intra-abdominal cavity. Initially only small amount of serous fluid was drained. However, the tubes were later forcibly removed on same day due to post-operative delirium. So, we could not check the amount, color, and nature of drainage fluid. We have added a description about this clinical situation on page 7 (line number 20-24).

3. Please supplement the literature on the causes of secondary delayed gastric perforation.

→ As requested, we have supplemented the literature on the causes of delayed gastric perforation. (Page 9, line number 9-11)

4. Please supplement the literature on the manifestations, diagnosis and treatment of delayed perforation of the digestive tract.

→ As recommended, we have added the literature on the manifestations, diagnosis, and treatment of delayed perforation of digestive tract. (Page 9, line number 19-28)

5. What are the advantages and disadvantages of the novel modified endoscopic purse-string suture technique used by the authors and their team compared with traditional purse strings suture? Are there any relevant clinical studies?

→ As suggested, we have described the advantages of "modified purse-string technique" more specifically (Page 10 (line number 22-28), page 11 (line number 1)). We presume there are no disadvantages to 'modified purse-string technique' in case of delayed gastric perforation.

-Science Editor:

Issues raised:

(1) I found the authors did not provide the original figures. 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.

→ We have uploaded the original figure documents using PowerPoint.

(2) 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

→ We have revised the references by adding PubMed numbers and DOI citation numbers. However, we were not able to find DOI numbers of some articles including #11 and #13 which were both published in 1991, and could not add citation of DOI numbers in these two articles.

Also, we have listed all authors of the references as requested.