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To

Würzburg, 27.02.2021

**Lian-Sheng Ma**

**Science Editor, Baishideng Publishing Group Inc**  
***World Journal of Gastroenterology***

Dear Dr. Ma,  
Dear Reviewers,

Thank you for giving us the opportunity to reply to your comments on our manuscript entitled "Managing esophagocutaneous fistula after secondary gastric pull-up: a case report".

We are grateful for the reviewers' insightful comments and appreciate the time and effort that you and the reviewers have dedicated. We now addressed all comments in a point-by-point manner you please find below. All changes in the manuscript are highlighted in yellow. Furthermore, we changed the format of the manuscript as requested and provided all figures as original data files using PowerPoint.

Comments from Reviewer 1:

1. "I wonder if you could make a comment in the article about if the stent placement could have influenced in the development of the infection and fistula, and if closing a leak without surgical or external drainage can contribute to produce an abscess."  
Answer: We appreciate this comment. In our opinion the dislocation of the stent but also the constant pressure caused by the stent itself may have deteriorated the local tissue and have caused the perforation and fistula. We believe that the use of the stent with closing the fistula lead to the development of an abscess formation. In this case, the establishment of a surgical and/or interventional external drainage is mandatory. We now added this point to the discussion of the revised manuscript.

Comments from Reviewer 2:

1. Size and length of metal stent placed?  
Answer: We now added the requested information about the metal stents in the revised version of our manuscript.
2. In my experience placement of a partially covered metal stent followed by a fully covered metal stent one week later prevents stent migration. In this case however the leak was too close to the UES.  
Answer: We thank the reviewer for bringing up this very important point. We totally agree. In our experience the partially covered stent causes scared alterations and lumen constriction which can help to prevent stent migration of secondary inserted fully covered stent. However, the induction of

scarring and lumen constriction can result in secondary stenosis followed by motility disorders.

3. Was vacuum sponge placed into the cavity?

Answer: We appreciate this comment. The vacuum sponge was placed into the cavity (esophago-cutaneous fistula ostium) as mentioned in the manuscript.

4. Please correct in Abbreviations: vaccum!

Answer: We now have corrected the word "vaccum" in the revised manuscript.

Again, thank you for considering our work in *World Journal of Gastroenterology*

If you require any further information, please do not hesitate to contact me.

Sincerely

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