

Specific Comments to Authors: It is an interesting case report. The reason for **Hirudin ginseng ingestion by the patient, any anti platelets since patient had stenting done, details of presentation, and managemnt are missing, please include these details**, and additional comments are in file attached.

Answer the reviewer's questions

Question 1

The patient was a 60-year-old male with a history of gastritis, hypertension, coronary heart disease, and coronary stent implantation. The patient developed chest tiredness and heartburn after taking 10 capsules of a homemade mixture of hirudin and notoginseng powder in the previous two days.

To make matters worse, he went into shock soon after being admitted to the emergency room.

Gastroscopy and chest computed tomography confirmed the diagnosis of SH, which ranged from the pharynx to the lower esophagus and was 35~40cm in length. After the diagnosis was confirmed, we performed active conservative treatment on the patient, and the patient recovered well and remained asymptomatic during the 26-month follow-up.

Answer:

It has been deleted from the original text.

The patient with no history of melanemesis.

Question 2

The patient had a history of gastritis, hypertension and coronary heart disease for more than 5 years. The patient's blood pressure was well controlled with oral antihypertensive drugs. Coronary

批注 [A1]: Please delete this

批注 [A2]: Any history of malena?

artery stent implantation was performed for coronary heart disease , and anticoagulants were taken for a short time after surgery.

批注 [A3]: Was the patient not on any antiplatelet drugs?

Answer:

The patient had a 2-year history of coronary stenting. After coronary stenting, the patient self-administered aspirin and plavix for a relatively short period of time.

Question 3

Combined with laboratory examination and general conditions, We considered the patient to be in hemorrhagic shock. Due to excessive blood loss and reduced effective circulating blood volume, the shock type is hypovolemic shock. Since the patient was in critical condition, we did not continue the gastroscopy after the diagnosis was confirmed.

批注 [A4]: Please mention details of clinical condition and conservative management in the case details

批注 [A5]: Short letter within sentence

Answer:

According to the CT findings of this patient, we initially considered a SH. The patient had a short period of shock, we considered hemorrhagic shock. By timely fluid replacement, component blood transfusion, the patient soon regained consciousness, the condition did not continue to deteriorate. Emergency endoscopy confirmed the diagnosis of a SH. The patient's condition improved after 6 days in the intensive care unit and was transferred to the general digestive ward for 9 days of conservative treatments. During the period, the patient was given intravenous fluid infusion, intermittent infusion of red blood cells and fibrinogen, intravenous infusion of esomeprazole, oral thrombin and general conservative treatments. After 15 days, the gastroscopy showed the absorption of the submucosal hematoma of the esophagus. The patient's general condition improved well.

I have changed the “We” into “we”.

Question 4

We gave the patient blood volume supplementation, hemostasis and other treatment measures as soon as possible. After 15 days, the gastroscopy showed the absorption of the submucosal hematoma of the esophagus. The patient's hemorrhagic shock was corrected and the general condition improved.

Answer:

Because gastroscopy is the gold standard for defining SH. The patient was in a compositional transfusion, his shock had improved and he was conscious, so we did an emergency gastroscop

批注 [A6]: Why gastroscopy was done in a shock patient when CT scan had indicated SH

Question 5

The esophageal submucosal hematoma was one of the rare causes of upper gastrointestinal bleeding. As a rare and critical disease in clinic, it should be paid more attention to by the clinicians, especially the doctors in the emergency department, in order to avoid misdiagnosis. The

Answer:

Clinically, bleeding from organs above the Upper gastrointestinal bleeding ligament is referred to as Upper gastrointestinal bleeding. The patient's bleeding was in the submucosa and did not enter the gastrointestinal tract, so there was no evidence of hematemesis or bloody stool.

批注 [A7]: Why no hematemesis or malena was there while the patient was anameic and in shock

Question 6

The reason for Hirudin ginseng ingestion by the patient, any anti platelets since patient had stenting done, details of presentation, and managemnt are missing, please include these

details

Answer:

Because the patient got the information from someone else that hirudin and notoginseng powder have the therapeutic effect of promoting blood circulation and removing blood stasis, so he had taken 10 self-made capsules containing hirudin and panax notoginseng powder two days before.

Other contents have been added in the original article.