

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (High priority)

**Specific Comments to Authors:** Comments: I should congratulate the authors for the very valuable and rare case.

1. Why the patient was admitted after 5 days? Due to the increase in the chest pains?

Based on previous reports and our experience, our initial plan was to perform TEVAR and then consult with a multidisciplinary team for the next steps. Before any treatment, we fully informed the patient of the risk of surgery. It is common for patients and their families to feel hesitant and inquire about alternative treatment options, including by consulting with other hospitals. Our patient wished to do such and was discharged in accordance on October 13, 2020. The other hospital he attended provided an open surgery plan, which the patient chose not to accept. Ultimately, the patient chose to be re-admitted to our hospital, which occurred on October 17, 2020.

2. Was esophagoscopy done in the ENT and not Gastroenterology and Endoscopy department?

Yes, the esophagoscopy was done in the ENT. In our hospital, both ENT and Gastroenterology and Endoscopy departments can handle the esophageal foreign body. When the Emergency doctor received this patient, they thought that he might have an aortic injury. They thought that it was safer to go directly to the operating room for tracheal intubation and general anesthesia followed by rigid esophagoscopy. The ENT doctor thought that it's not necessary to do the gastroscope since they had examined the esophagus carefully.

3. Why the first esophagoscopy fail to see the nodule that was seen by the second endoscopy?

We speculate that the reason why we did not see the fishbone during our initial esophagoscopy is that most fishbones puncturing the esophagus do not transverse it or subsequently puncture other organs, and the foreign body itself was relatively

small. The nodules observed by the gastroscope may have resulted from the fishbone being ejected from a blood vessel after the indwelling aortic stent was placed, ultimately bouncing back to the esophageal wall. Consequent local inflammation would have resulted in tissue edema and formed a nodule after 5 d.

4. **There should be some information about the type of the aortic stent!**

Here is the information on of the aortic stent: XJZDZ30200; Ankura, Lifetech Scientific Corporation, Shenzhen, China.

5. **I think you have used CO2 during the endoscopy done to extract the fishbone, if so, you better mention that in the manuscript.**

Yes, we used the CO2 during the endoscopy done to extract the fishbone and I had mentioned that this time.

Reviewer #2:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** The article is within the scope of the journal, and deals with a topic of interest. However, the item can't be accepted in the current state:

1. **A sufficiently detailed state of the question should be included to contextualize the experience described.**

Esophageal foreign body (EFB) is a common clinical emergency, Aorto-esophageal injury is a rare but life - threatening complication of EFB, which typically requires open surgery. Our case was unique, with the combination of an EFB embedded in the esophageal wall and causing aortic injury, which increased the difficulty and risk of extraction by standard means of an endoscope.

2. **The content should be organized into sections to clearly indicate the materials and methods used, and the results obtained. In other words, the index of the article**

should be: Introduction, State of the art, Materials, Methods, Results, Discussion, and Conclusions and future work.

The content organization of our manuscript this time is strictly following the journal's requirements for case reports.

3. A section on conclusions and future work should also be included.

We had added the section of conclusions and future work this time.

4. Finally, the discussion section should show more clearly what the contributions of the experience described are compared to other similar studies.

Our case with the combination of an esophageal foreign body embedded in the esophageal wall and causing aortic injury, which increased the difficulty and risk of extraction by standard means of an endoscope. In the past, such case typically requires open surgery. Our case suggested that incising the esophageal wall and extracting the foreign body after TEVAR may be a feasible option for this kind of EFB.