



UNIVERSITY OF CAPE TOWN
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Att: Editor and Reviewers of the World Journal of Gastrointestinal Surgery

Re: Response to Reviewers for Manuscript 71221

Dear Editor and Reviewers

We want to thank you for reviewing the above manuscript and for considering it for publication in the WJGS. Please find below our responses to the reviewers' comments:

Reviewer #1:

We have elaborated in the discussion on the controversy of using oesophageal stents in benign oesophageal strictures and why this was chosen and have commented on the use of balloon tamponade as another good option for achieving haemostasis.

Reviewer #2:

The manuscript has been changed from a systematic review to a case report with literature review. The manuscript has thus undergone significant changes to ensure it meets the guidelines for case reports in the WJGS. We have also removed the PRISMA flow diagram figure and all other mention of systematic review. The literature results have been described in the discussion and we have kept the table outlining all cases of AOF after corrosive ingestion found in the literature. We have also added two additional images (incorporated into the previous images), one of which shows post-treatment status. We have also commented on the need for planned follow-up in patients with significant corrosive ingestions – in view of the extremely limited literature on patients with AOF after corrosive, we feel we cannot make evidence or literature-based guidelines or suggestions, but the main message is that any bleeding (even months after the ingestion incident) may be due to an AOF.

Reviewer #3:

As mentioned above, the manuscript has been changed to a case report from a systematic review. Regrettably we did not take any endoscopic images in this patient that can be used for



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the case report. We note that our literature review (summarised in the table) is somewhat plagued by missing data. For example, the cases described by Sarfati et al had no further data available. However, we have opted to still include these cases in order to get as true a reflection of the rarity of this condition as possible. Despite this, we do not think it possible to make an accurate assessment of the frequency of AOF after corrosive ingestion. We comment on the fact that there only seem to be 5 cases in the last 30 years.

Science Editor:

As mentioned above, the manuscript has been changed to a case report. We have included more images, but regrettably do not have any appropriate endoscopic images to use for this case report.