Reviewer #1:

Comments 1: what are the original findings of this manuscript? 50 yo man, 20 year hx of IHR. Presented with abdominal pain. Foreign body reaction at mid segment of ileum adherent to abdominal wall. What are the new hypotheses that this study proposed? N/A What are the new phenomena that were found through experiments in this study? What are the hypotheses that were confirmed through experiments in this study? N/A. what are the quality and importance of this manuscript? to improve surgeons' knowledge regarding this complication. Presentation of MP erosion. Imaging characteristics of MP erosion after IHR. What are the new findings of this study? N/A What are the new concepts that this study proposes? Not mentioned. What are the new methods that this study proposed? N/A. Do the conclusions appropriately summarize the data that this study provided? Yes, but there are 3 missed conclusions or core tips in this report which are: (1) Intestinal mesh erosion should also be included in the differential diagnosis of patients with history of inguinal hernia repair and presents with abdominal pain and (2) the need for longer follow-up to detect Mesh erosion. (3) Specific management for Intestinal mesh erosion What are the unique insights that this study presented? N/A. What are the key problems in this field that this study has solved? Clinical presentation occasional is not specific. Incidence unknown. Management strategies/guidelines lacking.

Response 1:

Thank you very much for your valuable comments.

Mesh plug erosion into the intra-abdominal organs is a rare but serious long-term complication after inguinal hernia repair, that may lead to aggravation of symptoms if not treated promptly. we report a rare case of MP erosion into the small intestine to improve surgeons' knowledge regarding this complication. This suggested that Surgeons should aim to reduce the risk of such complications and improve their awareness of and ability to predict patients at high risk for MP erosion after inguinal hernia repair.

We revised the onclusions and the core tips according to your suggestion: MP erosion should be included in the differential diagnosis of patients with a history of inguinal hernia repair who present with abdominal pain and the need for longer follow-up to detect MP erosion. When MP erosion into the small intestine and intra-abdominal organs is diagnosed, the most effective treatment is removal of the mesh and resection or repair of the involved organs.

Comments 2:

Rephrase "strange body" in the CASE SUMMARY.

Include in CASE SUMMARY the definitive management.

Remove "This suggested that" and … such complication(without s).

Response 2:

We had changed "strange body" to "circinate high-density image" and added the definitive management in CASE SUMMARY, and reedited the language.

Comments 3:

Put the reference at the end of the sentence: "… reduced the recurrence rate to 0.1% (2) and…"

Include in background what are the common presentation of Mesh erosion and which organs are commonly affected.

Include definition of Mesh Erosion. (from Cunningham HB)

Response 3:

We had revised and added relevant content as required.

Mesh erosion was a term used frequently in the literature to describe any invasion of an organ by an entire or partial piece of mesh (Cunningham HB, Weis JJ, Taveras LR, Huerta S. Mesh migration following abdominal hernia repair: a comprehensive review. Hernia 2019; 23: 235-243.). Sigmoid, urinary bladder and small bowel were holding first three places. Rectal bleeding, colocutaneous fistula and sigmoiditis were the most frequent clinical indicators of digestive tract involvement; recurrent urinary tract infection and hematuria represented the most common symptoms of mesh-related bladder complications (Gossetti F, D'Amore L, Annesi E et al. Mesh-related visceral complications following inguinal hernia repair: an emerging topic. Hernia 2019; 23: 699-708.).

Comments 4:
Complete important data/patient factors: Smoker? Lifestyle or work? Body Mass Index?
Place “Laboratory examinations” subheading after “Imaging examinations” to be chronological. I assume Tumor markers were taken after a suspicious “strange body” / foreign body/mass was seen in the segment of the small intestine.
Response 4:
The patient (BMI of 24.3 kg/m2) was a light worker and did not smoke. We added this information.
I agree with you, but the layout of the magazine cannot be adjusted.

Comments 5:
Indicate whether CT scan was enhanced with contrast, IV, oral?
Place “FINAL DIAGNOSIS” subheading after “TREATMENT”. You may include a short statement of suspected diagnosis in the Imaging examinations to support your treatment approach (laparoscopy).
Under TREATMENT, suggest to change first sentence to “Diagnostic laparoscopy confirmed adhesion of the middle segment of the ileum to the right internal ring.” Suggest to change “Specimen examination revealed erosion of MP through the wall of the ileum.”
Response 5:
Plain CT scanning was performed. We had revised the manuscript according to your suggestion.

Comments 6:
Like under Background, include most common presentation of mesh erosion and organs commonly affected.
Suggest to change the word “have deteriorated” to “lead”.
The time-to-event ranges from 10… (specify what event).
Suggest to change to “This could explain why follow-up data …”
Response 6:
Sigmoid, urinary bladder and small bowel were holding first three places. Rectal bleeding, colocutaneous fistula and sigmoiditis were the most frequent clinical indicators of digestive tract involvement; recurrent urinary tract infection and hematuria represented the most common symptoms of mesh-related bladder complications
“time-to-event ranges” means the timescales from previous IHR to the appearance of clinical symptoms.

Comments 7:
Consider the article by Rutkow and Robbins 1998, https://pubmed.ncbi.nlm.nih.gov/9823397/ Interestingly, 407 repairs with MP did not have erosion at 9 years.

Rephrase paragraph that started with “We believe that the possible causes for our patient’s complication(s) no “s” and put comma after the each “cause”.
Include in discussion: DEFINITIVE TREATMENT approach, Open or Lap. Advantages/disadvantages.
Response 7:
The clinical presentation is not a characteristic of MP erosion, which makes it difficult to relate to the previous IHR, and the follow-up evaluation may neglect these details and consider it another new disease. MP erosion may be found more frequently in some large centers than reported in the literature, but because of medical-legal issues and authors' indifference or lack of awareness, the true rate could be underestimated.
Removal of the mesh and resection or repair of the involved organs were required in 96% of cases of MP erosion. Is there a recurrence of IHR after MP removal? A previous study showed that there were more fibroblasts and scar tissue in the area around the mesh because of inflammatory intervention and fibroblast immersion. If there is sufficient fibrous scar tissue, the hernia is unlikely to recur.
We have added this information.

Comments 8:
Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references?
Please maximize important or newer literature related to your case report such as: (None of these are mine)
Response 8:
We have added the important and authoritative references.

Reviewer #2:
Comments: Migration of foreign bodies or materials used during gastrointestinal surgical procedures into hollow organs is a common medicolegal condition. In this study, the authors prepared a case report on the migration of mesh plug material into the intestine. However, I could not understand whether the mesh plug migrated into the intestinal lumen, that is, whether a perforation developed in the intestinal wall. The references of the article were not prepared according to the guidelines of the WJG series. The use of references in the text is not made according to the guidelines of the WJG series.

Response: Thank you very much for your valuable comments. There was no leakage of intestinal fluid at the site of erosion, so we did not consider that there was a perforation of the intestine. We had added this information and revised the manuscript according to the guidelines.

Science editor: The manuscript elaborated a case of Mesh plug erosion into the small intestine as a rare complication of inguinal hernia repair. It seems the case was in the rare situation and therefore, can be considered for further review in this journal, however, there are several concerns to be clarified prior for the further review. Selecting appropriate repair materials, standardized surgical procedures, and maintaining peritoneal integrity are important methods to prevent MP erosion, which is mentioned by the author in the conclusion. I think the author mentioned so much, but we can't see it only from this case. The author may need to carry out a further literature review.
Response: Thank you very much for your valuable comments. We had added related literatures.