

Dear editor:

Thank you for your email enclosing the reviewers' comments. We have revised the manuscript, according to the comments and suggestions of reviewers and editor, and responded to the comments as listed below point by point.

As suggested, we have revised the manuscript according to peer reviewer's suggestions.

Reviewer #1:

The authors aimed to report a case of spontaneous esophageal rupture misdiagnosed as pleural effusion at an early stage and share their experience during diagnosis and treatment of spontaneous esophageal rupture. This is a well-designed study. The tables and graphs present the findings effectively. I congratulate the authors for their efforts in this field. This subject is an issue that will not be out of date and has the potential to always design a new study on it. However, I do have some questions and concerns outlined below about their study.

Q1: This is a hot and interesting topic. Because spontaneous esophageal rupture is easy to be misdiagnosed during diagnosis, it is of great significance to distinguish it from other diseases in the treatment process. However, the authors don't discuss the relevant content in detail. Relevant content should be added to the discussion section. I believe that the discussion of this topic may also increase the strength of this study. **Reply:**

We do appreciate for your sincere opinion. Firstly, we do agree with you that the inclusion of a differential diagnosis would increase the strength of this study, but due to space constraints and the focus of our article on the importance of dynamic review of chest CT in this disease, we have not discussed the differential diagnosis of this disease too much in the discussion section, but have highlighted the key points of differential diagnosis in the case section.

Q2: Additionally, the spontaneous esophageal rupture was often triggered by vomiting, but the authors only described the patient's vomiting in the outpatient and didn't mention the evolution of the patient's symptoms of vomiting. Did the patient have a subsequent episode of vomiting during her stay in hospital?

Reply: Thank you for your careful review, this patient did not vomit again during his stay in hospital, which is why we did not consider a diagnosis of spontaneous oesophageal rupture in the first place.

Reviewer #2:

Borhaave's syndrome is extremely rare, but very fatal. Your case is clinically informative because spontaneous esophageal full thickness muscle rupture without any cause of injury is more difficult to make a timely diagnosis. However, in a case of pleural like this case, diagnostic thoracentesis is essential. Although patient and his family refused therapeutic thoracentesis or chest tube insertion, diagnostic centesis with a needle is less invasive. Discussion section is comprehensive and well-written.

Reply: We are very grateful for your careful review and sincere comments.

Other comments:

Q1:Language polishing requirements for revised manuscripts submitted by authors who are non-native speakers of English

Reply:We have had another professional retouching agency retouch it as you requested and have included a retouching certificate at the end, thank you for your reminder.

Editorial comments

(1) Science editor:

This manuscript reports a case of spontaneous esophageal rupture misdiagnosed as pleural effusion at an early stage. This case is relatively rare. Please add in the discussion that it is of great significance to distinguish this disease from other diseases, and add the evolution of vomiting symptoms of this patient.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Reply: We apologize for this error, and we have corrected case presentation as suggested.

Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s). For example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Reply: Thanks for your advice. We have revised the figure legend as suggested.

We acknowledge the reviewer's comments and suggestions very much, which are valuable in improving the quality of our manuscript. I would like to re-submit this revised manuscript to International Medical Case Reports Journal, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

With kindest regards,

Yours Sincerely

Ni Tan

Minghua Zhang