

## 73114-Answering Reviewers

Reviewer #1:

1. In the chief complaints session, “the patient was transferred from the operating room to intensive care unit (ICU) in stable condition. But the patient suffered from a sudden onset of upper gastrointestinal bleeding.” How long is the time between the patient's transfer to the ICU and the onset of gastrointestinal bleeding?

Answering: The time between the patient's transfer to the ICU and the onset of gastrointestinal bleeding was approximately 30 minutes. We have added this information to the manuscript.

2. Since the patient had upper gastrointestinal bleeding, can the authors explain why the patient presented with hematochezia rather than hematemesis?

Since the Mallory-Weiss tear was not active bleeding during UGI endoscopy, did the patient have bleeders other than Mallory-Weiss tear? Did the doctor who performed the TEE notice bloodstains on the TEE probe when withdrawing the instrument?

Answering: The vomiting reflex was suppressed by general anesthesia, and the tearing of the esophageal mucosa was characterized by oozing rather than pulsatile hemorrhaging, so hematemesis did not occur. The blood collected in the stomach, so a moderate amount of dark red bloody fluid was aspirated through a nasogastric tube. Some of the blood flowed out along the lower digestive tract, then the patient presented with hematochezia.

The amount of ooze caused by Mallory-Weiss tear changed dynamically with the change of the patient's coagulation state. Even a small mucosal tear may result in significant bleeding in the total heparinized state during percutaneous cardiopulmonary bypass resuscitation (pCPBR). Perioperative

imaging examination and physical examination did not reveal other bleeding sites.

We did notice a small amount of bloody secretions on the surface of the probe when we pulled out the TEE probe. However, we did not pay enough attention to this abnormality because it was occasionally encountered during routine TEE examination. We have added this information to the manuscript.

3. The quality of the endoscopic picture (Figure 2) is suboptimal. Can the author provide another high-quality image?

Answering: I'm sorry that we can't provide any other high-quality image. Because the machine of the emergent bedside esophagogastroscopy didn't store any images, we just took a picture with our mobile phone.

Reviewer #2:

1. Please provide the normal ranges of described laboratory (such as Hemoglobin).

Answering: We have added the normal ranges of described laboratory to the manuscript.

2. Because the MWT (according to the figure 2) was located at EG junction and the postulated reasons of MWT development base on the position of TEE must be at or beyond the esophagogastric (EG junction) junction. To convince the reader, author should mention whether anesthesia fellow who proceed TEE performed transgastric view or any manipulation of TEE beyond the esophagogastric junction or not.

Answering: The anesthesia fellow who proceed TEE did take transgastric view. We have added this information to the manuscript.

3. As authors described that "Endoscopy a week later revealed excellent mucosal healing. He achieved a satisfied recovery without any evidence of further upper gastrointestinal bleeding" in the "OUTCOME AND FOLLOW-UP" section. It would be more impressive if the author demonstrated the picture of endoscopic finding at the follow up period.

Answering: We would have liked to have been able to show the patient's prognosis of the esophagogastrosopy, but unfortunately, we didn't get there in time before the re-examination, so we couldn't take the picture in time, and the beside examination machine didn't routinely store the image. Since then, to date, the patient has not been examined by esophagogastrosopy.

Reviewer #3:

My Only Comment: \* The chief complaint was very detailed, therefore I suggest to mention only the main symptom of the patient (eg. A 59-year-old man suffered from upper gastrointestinal bleeding after successful cardiopulmonary resuscitation using transesophageal echocardiography).

Answering: We have made modification based on this recommendation.