

Answering Reviewers

Dear Editor:

Thank you for your feedback about our manuscript. We have revised the paper according to your comments and suggestions, and respond to the reviewers as follows:

Reviewer #1:

1. The main question for the authors would be: how can we be sure that abdominal vascular incident wasn't consequence of the patient's ill state and shock rather than PCI intervention? The same condition possibly precipitated the myocardial infarction, knowing the fact that the coronary vessels imaging didn't show any abnormalities?

Response: Thank you for your questions. The patient was considered to be in septic shock caused by a pulmonary infection on admission to the ICU, and there was no evidence of an intra-abdominal infection. After aggressive treatment, the shock quickly resolved. But her troponin concentration increased progressively, electrocardiography showed ST-segment changes, and ultrasound suggested left ventricular aneurysm formation, all of which suggested the possibility of acute coronary syndrome. The patient underwent PCI via the femoral artery approach. After the operation, the patient gradually developed symptoms such as weakening and disappearance of bowel sounds, abdominal distension, and CT showed hepatic portal gas and intestinal necrosis. Therefore, we considered that the patient's condition and shock were not related to the abdominal vascular events but to PCI procedure.

In a severe shock state, patients may have an imbalance of oxygen supply and demand, which leads to myocardial ischemia, which is called type 2 myocardial infarction. Similarly, in the event of severe infection, acute transient stunning of the myocardium due to the action of inflammatory factors is called septic cardiomyopathy. Both share the same pathophysiological mechanism. Therefore, in our patient, after PCI acute coronary syndrome was excluded and septic cardiomyopathy was considered.

2. You stated that the informal consent was obtained from the patient. How?

Response: Informed consent was obtained from the patient's son, as shown in the informed consent statement: "Informed consent was obtained from the patient's son for publication of the case report and accompanying images".

Reviewer #2:

1. Abstract - "An urgent abdominal CT scan revealed extensive pneumoperitoneum in her hilar system with extensive bowel wall necrosis". Did the patient have pneumoperitoneum or hepatic portal venous gas, or both?

Response: The CT showed a large amount of gas in the hepatic portal vein, which has been modified in the article as "An urgent abdominal CT scan revealed extensive gas in her hepatic portal system with extensive bowel wall necrosis. "

2. Has a PCR-SARS CoV2 test been performed. COVID-19 infection may explain the overall clinical picture.

Response: The PCR-SARS CoV2 test was negative, which has been added in the section of "Laboratory examinations".

3. Have haemocultures been performed?

Response: After the patient was admitted to the ICU, multiple blood cultures were performed, all of which were negative as shown in the section of "Laboratory examinations".

4. Did the patient have chronic renal failure? Alternative causes of troponin elevation should also be discussed.

Response: The patient's family denied that the patient had a history of chronic renal failure and acute kidney injury. Elevated troponin might be associated with non-ST-segment elevation myocardial infarction, or myocardial injury caused by infection. Therefore, the possibility of acute coronary syndrome could not be completely ruled out.

5. It is necessary to discuss more extensively other reasons for acute mesenteric ischemia, apart from PCI, because the patient had hypotension and sepsis.

Response: Upon admission to the ICU, septic shock caused by a pulmonary infection was considered, but there was no evidence of intra-abdominal infection. After aggressive treatment, the shock was quickly resolved. Subsequently, the patient's troponin concentration gradually increased, electrocardiography showed ST-segment changes, and ultrasound suggested left

ventricular aneurysm formation, all of which indicated the possibility of acute coronary syndrome. The patient underwent PCI via a left femoral approach. Preoperative CT showed obvious calcification of the coronary arteries and aortic arch. Postoperatively, the patient gradually developed symptoms such as diminished bowel sounds and abdominal distension. CT showed gas accumulation in the hepatic portal vein and intestinal necrosis. Therefore, we believe that the patient's condition and shock were not related to the abdominal vascular events, but to the PCI procedure (possibly due to calcified plaque shedding during the procedure or postoperative deterioration of cardiac function).

6. Figure 4-Delete patient data in photographs, if not already

Response: The patient's information was deleted in Figure 4.

7. Footnotes- „Informed consent statement: Informed consent has been obtained from the patient for publication of the case report and accompanying images “. How was the informed consent taken, since the patient had dementia and altered state of consciousness?

Response: Informed consent was obtained from the patient's son. as shown in the Informed consent statement: "Informed consent was obtained from the patient's son for publication of the case report and accompanying images".