

Answering Reviewers

Dear Editor,

The manuscript has been improved according to the suggestions of the reviewers.

1. Format has been updated.
2. Revision has been made according the according to the suggestions of the reviewers.

Reviewer #1: Scientific Quality: Grade D (Fair) Language Quality: Grade B (Minor language polishing) Conclusion: Rejection Specific Comments to Authors: This paper is a case report of a case of endoscopic drainage for a submucosal abscess of the esophagus. Esophageal submucosal abscesses are rare, but not very rare. There are nearly 100 case reports in Japan. Causes of esophageal submucosal abscess formation include insertion of foreign substances such as fish bones, mucosal damage by endoscopy, treatment of esophageal varices, inflammation such as peritonsillar abscess, tuberculosis, etc. It is usually cured by administration of antibiotics alone or by drainage. When an abscess spreads outside the esophageal wall, it is often found in mediastinitis, in which case endoscopic incision drainage is inadequate and may require surgery. The principle of drainage to the esophageal lumen of the abscess is open drainage, but why did you close it with a clip this time? Insufficient literature search: A search by PubMed will find a number of citations below: 1. A case of submucosal abscess of the esophagus mimicking a mediastinal abscess. Ojio H, Tanaka Y, Sato Y, Imai T, Okumura N, Matsuhashi N, Takahashi T, Yoshida K. *Clin J Gastroenterol*. 2021 Apr;14(2):402-406. doi: 10.1007/s12328-020-01299-x. Epub 2020 Nov 27. PMID: 33245556 2. Internal drainage of retropharyngeal abscess secondary to esophageal foreign bodies: a case series. Das A, Ramasamy K, Thangavel S, Hansdah R, Alexander A, Saxena SK. *Eur Arch Otorhinolaryngol*. 2022 Feb;279(2):955-959. doi: 10.1007/s00405-021-06833-2. Epub 2021 Apr 30. 3. Intramural oesophageal abscess: an unusual complication of tonsillitis. Amiraraghi N, Ewan LC, Ansari S, Robertson K. *BMJ Case Rep*. 2019 Feb 6;12(2):e226010. doi: 10.1136/bcr-2018-226010. PMID: 30733246 4. Intramural Esophageal Abscess Complicated with Pleural Fistula: A Case Report. Kumar S, Sakthivel MK, Bosemani T. *Cureus*. 2020 Feb 2;12(2):e6846. doi: 10.7759/cureus.6846. PMID: 32181081 . . . etc. Isn't the photo in Fig 1.C upside down?

Answer:

Thank you very much for your suggestions. We admit that esophageal submucosal abscess is not very rare, however, our case has its particularity.

Firstly, our highlight lies in the evolution between 2 different disorders, we are the first to report the evolution from submucosal abscess to IED in the same patient, we presented the evolution process between two different diseases, this is the major

scientific value of our case.

Secondly, the submucosal abscess occurred spontaneous drainage, and we didn't close the crevasse which is responsible for the drainage, we closed the laceration above the submucosal abscess to prevent further damage, and the laceration is irrelevant to the drainage of the abscess.

Thirdly, we have searched the mentioned literature, but because of limited space, we only chose some relevant articles in our references.

Lastly, the purpose of Figure 1C is to show the details of the spontaneous rupture and the purulent exudate.

Reviewer #2: Scientific Quality: Grade C (Good) Language Quality: Grade C (A great deal of language polishing) Conclusion: Major revision Specific Comments to Authors: The authors reported one case of esophageal submucosal abscess with association of intramural dissection. This is an interesting case. Comment: There is a great deal of English language usage in this case report.

Answer: Thank you very much for your approval of our case. The language has been polished by authority organization.

Thank you again for publishing our manuscript in World Journal of Clinical Cases.

Sincerely Yours,

Ruyuan Li