

Response to reviewer's comments

Reviewer #1: This article reports a female patient who underwent HIFU treatment for uterine fibroids one year ago. She presented with abdominal distension half a year ago, and found hernia. During the operation, it was suggested that the lower abdominal rectus abdominis muscle defect was a warning to us the long-term complications of HIFU, which had certain clinical significance. 1. Has the patient had an abdominal MRI checked a year ago? It is necessary to identify whether the patient has a congenital hernia or is indeed caused by HIFU. 2. The size of the uterine fibroids during the HIFU treatment in the private hospital of the patient, whether B-ultrasound or MRI examination was performed, the preoperative examination results need to be provided, whether there is a re-examination after HIFU treatment, and whether the uterine fibroids have decreased, data need to be provided. 3. From the imaging examination and laparoscopic exploration, it can be seen that the patient's rectus abdominis has a large defect, how large is the patient's hernia area, what kind of patch repair is performed, detailed parameters need to be provided, how long is the patient's follow-up after surgery, and whether the abdominal distension is relieved.

Reviewer #2: 1-The discussion part was inadequate. I would suggest the author to support the discussion with references. 2-Imaging examination did not suggest uterine fibroid. In Figure 1, it is suggested to mark the thin skin and a fascial defect with arrows so that readers can easily find the lesion location.

Response: We thank the reviewers for the kind words. We have revised our manuscript based on the comments, as described below.

Reviewer #1:

1. The patient came to the hospital with a medical certificate indicating that the size of uterine fibroids measured by ultrasound had decreased from 8 to 6 cm after HIFU ablation. The electronic medical records could not confirm whether a pelvic MRI was performed before HIFU ablation. The patient visited the hospital without bringing image records before and after the procedure.

Notably, the patient had no previous history of trauma or surgery. Her abdominal bloating had begun 6 months after the HIFU ablation. Although the imaging record that there was no damage to the abdominal wall before the procedure is insufficient, the location of the hernia in our patient was different from that of a congenital hernia.

2. According to the reviewer's comment, the size of the uterine fibroid before and after the USgHIFU ablation was described. We hoped to attach imaging records, but the patient did not bring the previous images.
3. The size of the abdominal wall defects measured during operation and the use of a mixed mesh were further described. In addition, we stated that there were no postoperative complications, and all symptoms were relieved in the "outcome and follow-up" subsection.

Reviewer #2:

1. Following your comment, we have added more references and rewrote the "discussion."
2. We have added arrows for a clear understanding of the lesions.