

Responses to Reviewers' comments and questions

Reviewer's code: 06250974

Q1: Core tip: Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study." Please provide this case report's important aspects or uniqueness in the core tips.

Answer: We appreciate this comment and suggestion. In the revised manuscript, we have indicated the important aspects and uniqueness of our case as follows: **"In this case, it was surprising to find the simultaneous existence of the ileum and sigmoid colon in the large inguinal hernia sac."** We emphasized that the surgical intervention combined with an inguinal approach and a mini-exploratory laparotomy would be beneficial (Page 5 Lines 6-8). We also added the Core Tip (Page 5 Lines 1-10).

Q2: Background: Does the manuscript adequately describe the background, present status and significance of the study? -Please give the information on the size of a huge inguinoscrotal hernia. In addition, please change the picture (Figure 1) of sizing the huge inguinoscrotal hernia from measuring size with a labeled scale in the cover back of a transparent film dressing to the standard ruler, if available.

Answer: Thank you for your comments. We were unable to measure the figure with a standard ruler because the photograph was taken during surgery. We apologize for the relatively vague ruler that is causing recognition issues. We have added information regarding the size of the huge inguinoscrotal hernia in the revised manuscript for reference (Page 7 Lines 6-7).

Q3: In the case presentation section, this patient was diagnosed with sepsis. In addition, the authors stated that "Most importantly, apart from the initial surgical intervention, appropriate antimicrobial therapy was fundamental in our patient with sepsis" in the discussion section. What is/are antibiotic(s) used in this patient? Why the physician chose that/those antibiotic(s) in this patient?

Answer: Thank you for your comments that have allowed us to improve the manuscript. We used an antibiotic regime comprising Flomoxef 1 g IV Q12H for the treatment of our patient. Flomoxef was chosen because of its efficacy against intra-abdominal infections. The dosage was adjusted according to his creatinine clearance rate. We added the

information regarding the antibiotics used in the revised manuscript and mentioned the reasons with regard to our patient (Pages 7-8 Lines 25-2).

Q4: In the case presentation section, the authors stated, “Several days before the patient presented to the emergency department, he also experienced general weakness and decreased urine output.” Please explain the correlation between this several days condition and his present illness of a huge left inguinoscrotal hernia in the discussion section.

Answer: General weakness and decreased urine output were reasonable clinical presentations as a result of sepsis with acute kidney injury in our case. We added a sentence to describe the correlation between general weakness and decreased urine output and his present illness, a huge left inguinoscrotal hernia, in the Discussion (Page 9 Line 17).

Q5: To our best knowledge, the inguinal hernia was related to occupational mechanical exposures and lifestyle factors. The authors stated in the case presentation section, “The patient had been working as a security guard for more than 10 years and was a non-smoker.” Please discuss the risk factors that could cause an inguinoscrotal hernia in this patient.

Answer: Risk factors for an inguinal hernia that have a high level of evidence include genetic inheritance, sex, age, collagen metabolism, prostatectomy history, and obesity. In our case, age (peak incidence between 0 and 5 years and between 70 and 80 years) and sex (approximately 8- to 10-times more common in males) were the risk factors. Socio-occupational factors and tobacco use (inversely correlated with incidence) are also risk factors for inguinal hernia but with a low level of evidence. In our case, the patient stated that he worked as a security guard at an apartment for more than 10 years and that he often had to help the resident lift and carry packages. We sincerely appreciate your comment. We have added a discussion on the risk factors that could have caused an inguinal hernia in our patient (Page 9 Lines 5-6).

Q6: The giant inguinoscrotal hernia was reported as case reports in several previous publications (for example, Int J Surg Case Rep. 2021 Nov;88:106467, BMC Surg. 2017 Dec 19;17(1):135, Int Surg. 2014 Sep-Oct;99(5):560-4, Int J Surg Case Rep. 2019;55:174-178, J Surg Case Rep. 2021 Oct 28;2021(10):rjab458, Int J Surg Case Rep. 2016;25:51-4. Please compare the uniqueness of this patient to the previous case reports

Answer: Compared to the previous case reports, as mentioned, our patient was unique because he experienced a septic complication before he presented seeking medical assistance. Therefore, an emergency surgical intervention was performed for our case.

This case was relatively challenging for us because emergency surgical interventions are associated with higher rates of postoperative complications and adverse outcomes compared to early elective procedures. We mentioned this point in our manuscript. We do hope this satisfactorily answers your questions (Page 5 Line 23-25).

Q7: In the case presentation section, an abbreviation of “wk” should be changed to the full term.

Answer: We appreciate your reminder. We changed “wk” to “weeks” in the revised manuscript (Page 6 Line 10).

Q8: Research methods and reporting. Did the author prepare the manuscript according to the appropriate research methods and reporting? -The CARE checklist mentions the "strengths and limitations in your approach to this case." Therefore, please state the limitations of the approach to this case in the manuscript in the discussion section.

Answer: We really appreciate your comment. We have revised the Discussion of our manuscript. We had added the limitations to the revised manuscript. We do hope this revision will meet the requirements (Page 10 Lines 20-25, Page 11 Lines 1-3).

Reviewer’s code: 05639614

Q1: Giant inguinoscrotal hernias are defined as huge inguinal hernias that extend below the midpoint of the inner thigh in a standing posture but from your photos it is no reaching the midpoint of inner thigh, i can attributed that for the supine position of the patient as this photo must be taken in standing position but the size of scrotum also well be huge and after the repair, i think part of the huge infected scrotum should be excised.

Answer:

In our images, the huge inguinoscrotal hernia did not reach the midpoint of the inner thigh because the photograph was not taken while the patient was in a standing position. We are unable to offer a photograph of the patient in the standing position. We do apologize. We have added the information regarding the size of the huge inguinoscrotal hernia in the revised manuscript for reference (Page 7 Lines 6-7).

In our case, orchiectomy was not performed because dissection of the spermatic cord was not problematic. The scrotal skin was not resected because it was not infected. We successfully predicted that the skin would recover after the removal of additional tension caused by the giant inguinoscrotal hernia. We added this description to the

revised manuscript. We do hope these details and the revised manuscript adequately answer your question (Page 10 Lines 20-25).

Q2: As for reduction of huge hernia without compartmental syndrome, one month follow up will not be enough as if there is a recurrence it will be more severer than the original case.

Answer: The follow-up period was 1 month when writing this manuscript. We admit that it was quite a short time for the follow-up of a huge hernia case. However, as per the latest follow-up , the period after surgery is 3 months. At his latest visit, the patient appeared to be doing well, with no evidence of recurrence or complications. Therefore, we think it would be more appropriate to change the follow-up period to 3 months in our revised manuscript because it reflects the true clinical condition and provides readers with a more adequate follow-up period (Page 8 Lines 21-25).

Q3: What is ment by tension-free prosthetic mesh. What is the type absorbable or not. the site of fixation was in the inguinal or abdominal incision or both. this points must be clarified. Thanks

Answer: We really appreciate your comment as it has encouraged us to describe our case in the manuscript robustly. We revised the term “tension-free prosthetic mesh” to “tension-free techniques with unabsorbable polypropylene mesh”. We also added information about the site where the mesh was fixed in the revised manuscript. We do hope these details and the revised manuscript adequately meet your requirements. (Page 8 Lines 15-17).

Reviewer’s code: 05185768

Q1: Thank you very much indeed for the opportunity to review this case report. Though the case report is rare and very interesting, there is no striking point of learning for readers. It will be better to pick up the crucial issues such as pathogenesis of gian inguinoscrotal hernia, why it could progress overtime without serious complication as strangulation. After the authors could pick up the interesting point of learning as suggestion, this case report is valuable to submit again for World Journal of Clinical Cases, instead.

Answer: We have made every effort to improve the academic quality of the revised manuscript. According to your suggestion, we have reviewed the related article about the pathogenesis of giant inguinoscrotal hernias and the reasons why these could progress without strangulation. **In fact, the pathogenesis of a giant inguinoscrotal hernia is the same as an inguinal hernia, and the increasing size of an inguinal hernia, also**

called a giant inguinoscrotal hernia once it extends below the midpoint of the inner thigh in the standing posture is a complication associated with an inguinal hernia. Other complications of an inguinal hernia include hernial enlargement, increased pain, and incarceration or strangulation. A giant inguinoscrotal hernia can progress without strangulation as long as the blood supply to the contents of the hernia is not compromised. Strangulation is the most serious complication of an inguinal hernia. According to the related literature, some risk factors associated with incarceration or strangulation do exist, including female sex, femoral hernia, and hernia-related hospitalization within the previous year. However, we found no correlation between the size of the hernia and the incidence rate of strangulation. We added related descriptions to the revised manuscript in the Discussion. We do hope this revision meets your requirements.

Answering the Editorial Office

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Answer:

It is my honor to have the chance to publish the present case report in *World Journal of Clinical Cases*. We appreciate the comments from the editors. I revised the manuscript carefully according to the reviewers' recommendations and answered their questions. The new revised version of the manuscript was sent to a professional English language editing company for further polishing. Thank you very much.

(2) Company editor-in-chief:

请将 Taiwan, Republic of China 替换成为 Taiwan。 I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Answer:

We appreciate the comment from the editors. I have changed "Taiwan, Republic of China" to "Taiwan". According to your advice, we used the RCA database for research and reviewed the newest article about giant inguinoscrotal hernias and their treatment strategy. Information from this article has been included in the revised manuscript. We hope that this revision is sufficiently improved and meets your requirements. Thank you very much.