

Dear reviewers:

Thank you very much for taking your time to review this manuscript. I really appreciate all your comments and suggestions! Please find my itemized responses in below and my revisions in the resubmitted files.

**Reviewer #2:** Could you explain better why the surgical decision was to perform a subtotal colectomy with ileostomy and not a left-sided hemicolectomy? Is there any literature supporting this approach?

We chose this procedure based on the following two conditions. First, the patient was in hemorrhagic shock, and laparoscopic surgery provided the lowest surgical trauma. Resection of the diseased colon could terminate the lower gastrointestinal bleeding symptoms. Second, during the operation, the patient had distinct inflammation and edema in the sigmoid colon. After resection of the diseased intestinal segment, there were no obvious lesions in the mucosa of the proximal intestinal canal, including the descending colon and splenic flexure of the colon. Therefore, only partial resection of the sigmoid colon was performed to remove the lesion. Based on the reasons for the patient's underlying disease, the rate of anastomotic fistula tends to be much higher in patients with inflammatory bowel disease compared to the general population. Once anastomotic fistula occurs, acute peritonitis and, even, further toxic shock occur. The surgical goals in the acute setting are designed to remove the bulk of the diseased bowel, restore the patient's health in the most reliable and least risky way, and preserve the patient's potential of reestablishing intestinal continuity. And such, subtotal colectomy and terminal ileostomy are safe and effective surgical approaches. (Ross H, Steele SR, Varma M, Dykes S, Cima R, Buie WD, Rafferty J; Standards Practice Task Force of the American Society of Colon and Rectal Surgeons. Practice parameters for the surgical treatment of ulcerative colitis. *Dis Colon Rectum*. 2014; 57(1):5-22 [PMID:24316941 DOI: 10.1097/DCR.000000000000030])

Therefore, we performed a prophylactic stoma in the terminal ileum, followed by ileostomy retraction 3–6 months later, when the patient's condition permitted.

**Reviewer #3:** Specific Comments to Authors: In the abstract section- abbreviations are used without explanation with is abbreviated. In History of present illness section- consider not using trade names of drugs and pharmaceutical brands. Correct the dates included in figure 1's description.

-----The suggestions you made have been modified in the text and marked in red.

**Reviewer #4:** Specific Comments to Authors: It is a nice case report, well done with an update references. However it will be necessary to improve the English quality of the text.

-----We have amended the wording and sentence structure throughout the manuscript to enhance the clarity and continuity of the text and reduced overly long sentences.

Best wishes,

Lu Lu

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