

## Response to Reviewers

Reviewer #1:

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Overall, a simple yet interesting case. The case is well written with minor issues. Abstract and introduction were adequately described. Comments: Keywords: suggest to use MeSH keywords if possible. Case report: 1. Suggest the authors to specify the mechanism of injury. Was he cut by a pin or other? 2. Usually, we specific capillary refill test by the time or duration. Suggest to specify. 3. Since the patient requested amputation, why the attending doctors did not do so? Were the counselled subsequently? 4. Figures are not labelled. Discussion: The discussion about the rarity of Finger compartment syndrome is not described. References: Some references were more than 10-20 years old. Since compartment syndrome itself is quite common, suggest to update some of the references.

Thank you for your considerations.

Keywords:

I have changed keywords using MeSH keywords as you suggested.

“Case reports; Compartment syndrome; Crush injuries; Fasciotomy; Finger injuries”

Case report:

1. I added a sentence to first paragraph of case report to specify the mechanism of injury.

“The middle finger was penetrated by high-pressure stream from a 2-mm nozzle of a high-pressure washer.”

2. When the patient admitted, the capillary refill test time could not be measured. The color of the fingertip was pale regardless of additional pressure. But it was improved on the second day after fasciotomy. I changed a sentence of the third paragraph in case report. "The sensation of the fingertip was completely restored. The pinprick test was positive, and the capillary refill test time was normal (i.e., within 2 seconds)."

3. I asked the patient to wait a few days for the better result, because the blood flow could be improved after fasciotomy. Furthermore, the amputation level could not be determined because the boundary of the necrosis was not demarcated. The pain was controlled with medication properly.

I added a sentence to the third paragraph of case report to explain the reason for delaying the amputation.

“However, we proposed delaying amputation for a few days because there was a possibility that the blood flow would improve after fasciotomy and the boundary of necrosis was not yet demarcated.”

4. I modified the figures with label. (in the next page of this document.)

Discussion:

I added sentence that represent the rarity of finger compartment syndrome to first paragraph of discussion.

“However, few studies have investigated acute compartment syndrome of the fingers and presented data on its prevalence”

References:

I changed the 8<sup>th</sup> reference to 9<sup>th</sup> reference which is more recently conducted.

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The manuscript would benefit from the following changes/corrections: 1. Since there is only a single patient described, therefore, please revise the title. Suggested title: Finger compartment syndrome due to a high-pressure washer injury: a case study 2. Introduction: The authors may like to mention the prevalence of finger compartment syndrome in various populations. 3. Fig. 1. Please label the images A-F.

Thank you for your comments.

1. Based on your suggestion, I have revised the title to “Finger compartment syndrome due to a high-pressure washer injury: a case study”

2. Unfortunately, there was limited literature that explained about the prevalence of finger compartment syndrome in various populations. I added the relevant mention to first paragraph of discussion.

“However, few studies have investigated acute compartment syndrome of the fingers and presented data on its prevalence”

3. I modified the figures with label.

