

## PLEASE NOTE

The revised manuscript file is uploaded under “Supplementary Material”. This is as the file uploaded under “Manuscript File” has the wrong formatting which was auto-generated under the portal – we were unable to delete and reupload. We have also emailed in with no replies thus far. **Please refer to our revised manuscript file with the correct formatting under “Supplementary Material”, thank you!**

### Answering reviewers

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

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

**Conclusion:** Rejection

**Specific Comments to Authors:** Thank you for submitting this well written paper, however it does not add anything to literature and the dental complications are already known. Thanks

Thank you for your comment.

### Reviewer #2:

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

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

**Conclusion:** Minor revision

**Specific Comments to Authors:** In this manuscript, the authors presented that dental injury during endoscopy is an underreported complication with potential for significant litigious consequences. It's an interesting manuscript and provides some new ideas to the readers. There's only one issue which should be addressed. 1. In the author's study, was there any judicial proceedings due to dental injury during endoscopy? Please add this content and discuss it. So, minor revision should be recommended for this manuscript.

Thank you for your comment. Despite there being 1 major adverse event involving dislodgement of a glued incisor tooth chip lost during gastroscopy, judicial proceedings were avoided following prompt dental review and waiver of treatment fees.

### Reviewer #3:

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

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

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** 1. There is repetition/ duplication of text in paragraphs and tables. That can be minimized. 2. Can the images of dental trauma due to endoscopy be included? 3. Do the cases having ‘trismus’ have more dental trauma? 4. Does the frequency of dental trauma differ with the type of endoscopy procedure – like EGD, ERCP, EUS? 5. Does the intubation prior to upper endoscopy is risk factor for dental trauma?

According to your recommendation, we have minimized replications of text in the paragraphs and tables. We have also included images of an avulsed tooth lodged in the distal esophagus peri-procedural.

Information on cases having trismus prior to endoscopy was limited from the pool of patients we studied. Furthermore, intubation was not required prior to upper endoscopy in this pool of patients and hence difficult to comment on it being a risk factor.

We have revised our manuscript to include possible limitations of the study such as heterogeneity across study subjects, limited availability of data of risk factors and small adverse event rate.

