

Peer-review report

Reviewer #1: Dear Sir, I read with interest the manuscript entitled " Correlation of Serum Albumin Level on Postoperative Day 2 with Hospital Length of Stay in Patients undergoing Emergency Surgery for Perforated Peptic Ulcer". The manuscript is well designed and written. The introduction gives a good overview about the topic and the procedures are precisely described. However, some issues have to be addressed: 1. The current Introduction section is too simple to write and requires the addition of more perforated peptic ulcer background knowledge and data. 2. Main inclusion and exclusions should be listed in the Methods. 3. Information about the baseline can be organized into a table, which can be presented more clearly. 4. There are some unclear expressions, so editing and proofreading are needed to maintain the best sense of reading.

1. In response to your comment, we have revised the Introduction section to include additional information and data regarding perforated peptic ulcer (PPU), including its clinical characteristics, causes, symptoms, and diagnosis. We have also included information regarding the risk factors for PPU-associated mortality and complications, such as hypoalbuminemia, which independently influences PPU mortality and gastrointestinal leakage. Additionally, we have discussed the importance of immediate surgical intervention and antibiotic treatment in preventing further spread of infection and reducing mortality rates.

2. In response to your suggestion, we have revised the Methods section to include a list of main inclusion and exclusion criteria for our study. By listing these criteria, we hope to provide greater clarity and transparency regarding the selection of participants for our study and ensure that our findings are reliable and valid.

3. we have created a table (Table 1) to present baseline information in a more concise and organized manner. This table includes the main demographic characteristics and clinical features of the study participants, such as age, gender, medical history, and diagnosis. We believe that this will make it easier for readers to quickly understand the characteristics and distribution of the study.

4. In response to your suggestion, we have carefully reviewed the manuscript and made several revisions to improve the clarity and coherence of the language. We have also conducted a thorough editing and proofreading process to ensure that the text is free of errors and typos.

Reviewer #2: This original study clarified the correlation of SA level on postoperative day 2 with HLOS in patients undergoing emergency surgery for PPU. They found that SA level on postoperative day 2 was linked to the HLOS in patients undergoing emergency surgery for PPU. There are some questions for you. #1. Although the results of this study are statistically significant, the sample size is somewhat small, and did the authors analyze the reasons for only such a small number of eligible patients in the past 9 years? #2. For data

on basic patient information, page 4 mentions one case died due to myocardial infarction, and the HLOS was 2 days, However, there is a contradiction between the fact that the hospital stay range for HLOS<7 days is 5-7 days. Which one is right? #3. What does Page 4 line 17 "5 patients underwent laparoscopic surgery (4 patients underwent laparoscopic surgery)" mean? #4. Discussion requires more attention to the relationship between SA levels and length of hospital stay in patients with PPU after emergency surgery, why does SA level correlate with length of hospital stay? It is hoped that the authors will have more discussion.

1. In response to your question, we acknowledge that our study has a relatively small sample size due to the limited number of eligible patients over the past 9 years. While it was not the main goal of our study to analyze the reasons behind this low patient recruitment, we have briefly discussed this issue in the Discussion section.

As we mentioned in the manuscript, the inclusion criteria for our study were quite strict, which may have contributed to the limited number of eligible patients. In addition, our study was conducted in a single center, which also limits the generalizability of our findings.

However, despite the small sample size, we believe that our study has important clinical implications. We caution readers to interpret our findings with consideration for the potential limitations of our study and encourage further research with larger sample sizes to confirm our results.

2. We apologize for any confusion and clarify that the correct hospital stay range for patients with HLOS <7 days is 2-7 days. The case died of myocardial infarction, and its HLOS was 2 days, which fell into this range. We apologize for this error, which we believe may have been due to a typographical error.

3. We apologize for the unclear wording in this sentence and understand how it can be confusing. The correct statement should be "5 patients undergoing laparoscopic surgery (4 patients underwent laparoscopic gastric perforation repair)".

We appreciate your attention to detail and apologize for any confusion caused by this error. We have made the necessary revisions to the manuscript to clarify this statement.

4. We appreciate your feedback and agree that further discussion on this topic is needed to provide a better understanding of the correlation between SA levels and LOS in patients with PPU. we acknowledge that our discussion of this topic was relatively brief and did not fully explore all possible explanations for the observed correlation between SA levels and LOS. We will revise the manuscript to provide a more detailed and nuanced discussion of this important issue.