

## Response to Reviewer #1 :

At first we would like to thank you for your time, effort, corrections and suggestions and we apologize for inappropriate grammar errors.

Since we've been asked to do English language polishing and to submit the certificate granted by professional language editing company, as we did, we hope that grammar errors will not be an issue any more. We have tried to mark yellow all of the changes you required, most of the markings were saved in the English language editing process, but some were lost in the final locked version we are obliged to submit. Revision changes are also located by page and line numbers so we hope it will be sufficient to analyze them.

Reference No. 4 is now reference No. 9 corrected according to your correction and to the guidelines, Page 10, Line 7-9.

Imaging methods are added to Figure Legend, Page 13, Line 2-3 ; Page 14, Line 1.

We did some additional literature review and found a case that describes non-voluntary information ommiting about abdominal trauma prior to gastric hematoma. We mentioned a possibility of such a scenario under the Case Presentation, History of present illness part and also put a reference to it, No. 5 and No. 6. ; Page 4 Lines 18-21.

In the Treatment part we stated exact names and dosages of PPI and analgesics, also treatment regime after the discharge is described. Page 6 Lines 8-11,16-18.

We also mentioned the conservative treatment regimes of gastric intramural hematomas, not just spontaneous according to available recent literature, Ref No. 2., 4., 12., Page 7 Lines 16-23.

## Response to Reviewer #2 :

At first we would like to thank you for your time, effort, corrections and suggestions.

1. Since we've been asked to do English language polishing and to submit the certificate granted by professional language editing company, as we did, we hope that grammar errors will not be an issue any more. We have tried to mark yellow all of the changes you required, most of the markings were saved in the English language editing process, but some were lost in the final locked version we are obliged to submit. Revision changes are also located by page and line numbers so we hope it will be sufficient to analyze them.
2. Full names of MSCT and GIST are mentioned at Page 5 Line 18-19, 21, but the editor removed 'MSCT' abbreviation, I suppose it is considered commonly known abbreviation.
3. In the Treatment section we explained which PPI was used and in which doses, also medication treatment after the discharge is explained in the same manner, Page 6 Lines 8-11,16-18.
4. We changed our expression about strength of recommendation that our approach can be considered and widely accepted as a safe one, Page 8, Line 18-23.
5. The patient's perspective can be concluded from Treatment and Outcome and Follow-up sections where it is explained how did he react to the applied treatment during the admission and his absence of complaints and medication use during the follow-up period, Page 6, Line 10-13, 21-29.
6. Advantages and limitations in managing this case are mentioned and explained on Page 8, Line 4-10, 18-25.
7. Under the Imaging examinations it is explained how did we differentiate this lesion as a hematoma against other diseases, Page 2, Line 20-22, 28-29.  
The same is again explained under the Discussion section, Page 8, Lines 4-10.
8. The patient did not undergo the ultrasound guided biopsy which is mentioned as a limitation of this case under the Discussion part, Page 8, Line 4-10.