

Reviewer 1:

This type of presentation is highly uncommon and deserves a mention. The Manuscript can be enhanced more with additions to discussion in terms of literature review.

My inputs are:

1. Doppler USG- comment on vascularity ?

Thank you for your comments.

In Figure 2 and its legend we described the Doppler USG and testicles vascularity.

2. Any scrotal skin entrapment by zip tie, will immediately cause pain or within few hours. Why there is a delay of 3 days?

Due to his mental disability, it was not possible to know exactly why they did not seek treatment. As we wrote in the Case presentation, the child did not cooperate, and may have wanted to hide the cause of his symptoms.

3. Any child abuse ruled out esp in child in intellect disability ?

Mention developmental milestones. Though the authors mention 'Child abuse' however seem to miss the complete work up regarding the same.

As we wrote in the Case presentation:

"Psychological evaluation and subsequent assistance by a psychologist and social worker were given to the patient and his parents."

The psychologist and social worker who supported the child believe that this is not a case of child abuse but of self-harm, possibly for attention purposes. It is not possible to know exactly what happened, so we could not elaborate on this point with complete confidence.

As we wrote in the Discussion:

"Scrotal entrapment is unlikely to occur by accident. Child abuse, violence by peers and siblings, and attention-seeking behavior are all optional causes. Therefore, any penoscrotal or scrotal strangulation in children requires an in-depth investigation."

4. "a scrotal entrapment by nylon zip-tie was diagnosed 8 days" This is highly inconspicuous that marks were missed in first presentation or any unusual finding noted at same site in previous presentation.

The comment is completely true. The child did not cooperate and there were probably missed physical signs on his first visit. Due to the US findings and the relatively high incidence of idiopathic scrotal edema - the child was discharged with a misdiagnosis. Thus, we want to raise awareness of the very rare diagnosis of strangulation, especially in patients with difficulty cooperating and mental retardation.

4. This is self locking wire fastener (zip tie). Is it abuse or accidentally put ?

Since the first presentation is similar, is it perversion of any kind; influenced by TV, internet or external factors ?

See 3.

This is a known and cruel method of neutering animals. The information available on the Internet about such use of zip-tie is about animals. This is the first report of such an injury to a child. The child did not report being influenced by any TV show or social media.

5. The images are small; provide better resolution large images.

Thanks for the attention. Better quality images will be sent.

6. Discussion needs to be worked out in terms of literature review.

This is the first report of such an injury to a child, thus there is no literature on children. With regard to the literature that does exist, we have described and discussed the literature, both in the Discussion and detailed Supplementary Table, which is attached as an appendix.

We have described scrotal strangulation in relation to another similar case in children (penile strangulation) and to what is known about similar injuries in adults. The important conclusion we learned from the literature review is: "In the literature, delay in diagnosis and treatment (including the need for various imaging tests, examination under anesthesia, or surgical exploration) were more frequent in patients with mental illness or drug addiction, causing severe long-term consequences"

7. Conclusion is not giving a characteristic take home message. May modify.

We have included some important take home messages based on our case and the literature review. They are all mentioned in the conclusions, in this order:

- Due to its rarity, scrotal strangulation can be a diagnostic challenge.
- Skin ulceration and oedema may well indicate the presence of a strangulation object.
- High index of suspicion and proper physical examination, especially in patients with a mental disability or a behavioral disorder, are key to early diagnosis and treatment.

Reviewer 2:

According to me this article is adequate for publishing

Thank you for your comment and encouragement to publish this important and rare case.

Reviewer 3:

The Authors have presented a very important and impressive case.

English grammar and style need an accurate review. There are many grammatical errors in the text. These should be corrected.

In order to correct all grammar errors, we sent the article for re-proofreading by a native English speaker.

The paper can be published after these revisions. Best regards

Thank you for your comment and encouragement to publish this important and rare case.

Professor Jin-Lei Wang, Company Editor-in-Chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Urology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".

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We edited the table.