Dear Editor，

We would like to thank the editor for giving us a chance to resubmit the paper, and also thank the reviewers for giving us constructive suggestions to improve the quality of the paper. Here we submit a new version of our manuscript with the title "When is the surgical timing for patients who are non-surgically diagnosed with primary encapsulating peritoneal sclerosis (EPS): A case report and review of literature", which has been modified according to the reviewers' suggestions. Efforts were also made to correct the mistakes and improve the English of the manuscript.

The following is a point-to-point response to the two reviewers' comments.

Reviewer #2:

Comments:This is an interesting case report of a condition which may well be under reported from the part of the world you are reporting from when taking into account the numbers of case reports on primary sclerosing peritonitis from around the world to date. Of note the term primary sclerosing peritonitis is now used instead of idiopathic sclerosing peritonitis https://www.cghjournal.org/article/S1542-3565%2816%2930913-2/fulltext There is some information missing from the actual description of the clinical case.

Answer: Thank you for the comments on the paper. According to the literature(Dave A, McMahon J,Zahid A. Congenital peritoneal encapsulation: A review and novel classification system. World J Gastroenterol. 2019;25(19): 2294-2307.), EPS can be classified as primary (idiopathic) and secondary encapsulating peritoneal sclerosis (cases where causes for the disease have been identified). Therefore, I accept your opinion and change idiopathic to primary.

Comments:There is some information missing from the actual description of the clinical case. This includes the actual laboratory values for the abnormal blood results which were mentioned.

Answer:We have written some results in the Laboratory examinations,including:Leukocyte count: 5.66×109/L, percentage of neutrophils (NEU%): 65.2%, Hemoglobin: 122g/L, C-reactive protein:14.3mg/L, carcinoembryonic antigen: 2.1 ng/mL, and tuberculosis antibody and T.Spot-TB tests were negative.

Comments:Hence it is useful to mention where it sits in the list of potential differential diagnoses presenting with bowel obstruction in your region. The key is the combination of clinical, radiological, surgical and histopathological findings which you need to emphasize more in the discussion. It would also be useful to expand on what are all of the key CT scan abnormalities which may be detected in patients with this condition and what is the utility of CT scan. Certainly the most recent review of this condition revealed that CT scan is increasingly used except where there are contraindications (which can include young females who are potentially

pregnant). Finally it would be useful to expand on what is known about PESP in the regional continent.

Answer:Thank you very much for your valuable comments!Primary EPS is very rare. When we treat this patient and decide on non-surgical treatment, we don't know whether to recommend surgical treatment. Therefore, we search the literature we can find. Due to regional reasons, the number of documents with full text available is limited, so the number of documents is underestimated. We reviewed the case reported, analyzed the reported information, and seek treatment information about primary EPS.

Science editor:The report is of potential interest, but additional information about the case is needed, including laboratory test values (or interpretation of those values), quantitative measure of weight loss, etc.) Authors must address the other concerns cited by Reviewer 1.

Answer:Other information about case has been provided, including laboratory tests in laboratory examination , information of weight in past history etc.

Sincerely yours,

Long-Xin Xiong,Dr.