

Reviewer #1:

1. Globally, the paper is well written and clear, although needlessly long. Some sections (such as the section "Treatment" on page 6) could be shortened.

Response: Thank you for your suggestion. We have shortened the "Treatment" section, as well as the unnecessary sections.

2. On page 8, first paragraph: "Fat cells may also enter the arterial circulation via a patent foramen ovale or directly through the pulmonary capillary bed, causing the characteristic neurological and dermatologic findings of FES." Can the authors provide the source/reference about the possibility of a direct passage of fat cells in the arterial circulation through the pulmonary capillary bed?

Response: Thank you for your comments. We have found the reference about the possibility of a direct passage of fat cells in the arterial circulation through the pulmonary capillary bed. (Kosova E, Bergmark B, Piazza G. Fat embolism syndrome. *Circulation* 2015; **131**: 317-320 [PMID: 25601951 DOI: 10.1161/CIRCULATIONAHA.114.010835.]

3. Why was not a brain MRI performed to better investigate the origin of the neurological symptoms (loss of consciousness)?

Response: Thank you for your comments. During the CT examination, the patient showed abnormal vital signs, and emergency treatment was needed at this time. Thus, there was no time for a cerebral MRI.

4. There are a few punctuations errors that need to be corrected.

Response: These punctuations errors have been checked and corrected. (Page 2, Line26/Page 3, Line23/ Page6, Line1) Once again, we sent the manuscript to native speakers for language editing and made corresponding changes.

Reviewer #2:

1. In the discussion part, you should put accents on what was extraordinary and challenging in your case.

Response: Thank you for your comments. In the fourth paragraph of the discussion part, we summarize the following three points to illustrate the challenge of our case.

2. If your goal is to remind the readers about this syndrome, you should think of a more illustrative way in the discussion part: maybe provide a small algorithm or a table with the most important signs and management options. As you stated that young frontline doctors on duty in emergency and orthopedics departments should suspect FES in such cases, you may help them by providing a flow chart and reminding basic criteria (you can cite Guard's criterion and show which of them your patient had).

Response: Thank you for your comments. We have added the table to the manuscript. (Page9, Table3)

3. The conclusion part in the abstract is too long. It must be 20 words and provide the most important message.

Response: Thank you for your comment. We have revised it according to your suggestion. (19 words)

4. You stated that there are only a few cases that have occurred within 12 hours after injury – you may provide a table with the highlights from those cases. This would add more scientific value to your case report.

Response: Thank you for your comment. We have reviewed relevant references and made a summary of cases. (Page 9, Table 2)

5. Some language polishing needed: several articles and commas are missing, some grammar mistakes.

Response: Thank you for your comment. Once again, we sent the manuscript to native speakers for language editing and made corresponding changes.

6. Please provide DOI and PMID in the reference part.

Response: We are sorry for the mistake. We have revised the references according to the [Format for references guidelines](#), and be sure to edit the reference using the reference auto-analyser.