

Responses to Reviewers' Comments

Diagnosis of digestive tract perforation and acute peritonitis caused by a foreign body of *Monopterus albus* by three-dimensional CT reconstruction: A case report

Manuscript NO: 86185

Reviewers' Comment, [Authors Response](#), [Manuscript Text](#)

Dear Editors and Reviewers,

Thank you very much for your comments and suggestions.

Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in yellow in the paper The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

Comment 1: Scientific Quality: Grade B (Very good); Language Quality: Grade A (Priority publishing); Conclusion: Accept (General priority).

Response: [Thank you very much indeed for your comments.](#)

Comment 2: Specific Comments to Authors: This is a case report and authors have written the manuscript with adequate information and documentation so it should be accepted as submitted. I do not have and comments to either authors or editors. No comments. Well written article with good photo graphs and documentation.

Response: [We thank the reviewer for this insightful comment. This is a great encouragement for me.](#)

Reviewer #2:

Comment 1: Scientific Quality: Grade B (Very good); Language Quality: Grade B (Minor language polishing); Conclusion: Minor revision.

Response: [Thank you very much indeed for your comments.](#)

Comment 2: Specific Comments to Authors: - in Latin names, please provide italic

writing - maybe to make it more concise.

Response: Thank you very much indeed for your comments. The Latin names have been provided italic writing and highlighted with yellow color in the revised manuscript.

Comment 3: the case report is summarized in just one paragraph

Response: Thank you very much indeed for your comments. We have deleted the superfluous summary of the manuscript.

Short title: The three-dimensional reconstruction technology

References

1 Chen P, Gao J, Li J, Yu R, Wang L, Xue F, Zheng X, Gao L, Shang X. Construction and efficacy evaluation of an early warning scoring system for septic shock in patients with digestive tract perforation: A retrospective cohort study. *Front Med (Lausanne)* 2022; 9:976963. [PMID: 36177334 DOI: 10.3389/fmed.2022.976963]

2 Hajibandeh S, Shah J, Hajibandeh S, Murali S, Stephanos M, Ibrahim S, Asqalan A, Mithany R, Wickramasekara N, Mansour M. Intraperitoneal contamination index (Hajibandeh index) predicts nature of peritoneal contamination and risk of postoperative mortality in patients with acute abdominal pathology: a prospective multicentre cohort study. *Int J Colorectal Dis* 2021;36:1023-1031. [PMID: 33409563 DOI: 10.1007/s00384-020-03822-5]

4 Lee CM, Liu RW. Comparison of pelvic incidence measurement using lateral x-ray, standard ct versus ct with 3d reconstruction. *Eur Spine J* 2021;31:241-247. [PMID: 34743245 DOI: 10.1007/s00586-021-07024-7]

6 Shinde RK, Rajendran R. Spontaneous Intestinal Perforation in Neonates Involving the Cecum: A Case Report. *Cureus* 2023;15:e37322. [PMID: 37182043 DOI: 10.7759/cureus.37322]

7 Hoshino N, Endo H, Hida K, Kumamaru H, Hasegawa H, Ishigame T, Kitagawa Y, Kakeji Y, Miyata H, Sakai Y. Laparoscopic Surgery for Acute Diffuse Peritonitis Due to Gastrointestinal Perforation: A Nationwide Epidemiologic Study Using the

Figure 1

A: CT with multi-plane reconstruction (MPR) revealed scattered exudation, peritoneal thickening (orange arrow), peritoneal effusion (purple arrow), and free gas (blue arrow) in the abdominal cavity, suggesting gastrointestinal perforation complicated with acute peritonitis.

B : Curved planar reconstruction (CPR) of CT images showed an abdominal Monopterus albus that has bitten the mesentery, indicating a foreign body outside the intestinal cavity.

C: Curved planar reconstruction (CPR) of CT images revealed rough and raised outer margin of the wall of the mid-rectum (white arrow), as well as exudation and free gas in the surrounding mesentery (blue arrow), indicating a perforation in the mid-rectum.

D: Volume reconstruction (VR) revealed clear and complete Monopterus albus bone morphology in the abdominal and pelvic cavities.

E : Laparoscopic exploration revealed a large perforation in the mid-rectum, with a diameter approximating 1.5 cm.

F: Laparoscopic exploration showed the Monopterus albus has perforated the mesentery of the small intestine.

G: During the operation, the dead Monopterus albus was taken out, with a length of about 40 cm.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper.

And here we did not list the changes but marked in yellow in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Best wishes,

Sincerely yours,

Jin-Yuan Liao

Telephone number: 86-19162367539

E-mail: liaojinyuan@gxmu.edu.cn