1. What is the basis of this statement? Any literature to support it or is this the author's assumption

Answer: We appreciate that you raised this important question.

We have searched for the reported cases of ECF. Most of them were diagnosed by CT with intravenous contrast.

In our country, CT fistulography is seldom used; X-Ray fistulography and simple CT are used more often to diagnose ECF. However, sometimes the images of CT scans are inadequate. Fistula can be neglected in some cases and no further investigations arranged.

According to the above information and experience, we wrote this sentence in this revised version of the manuscript.

If the above information is not enough or this statement is not reasonable to you, please do not hesitate to tell us. We will delete this statement and revise the related content.

Thank you very much.

2. If pus was discharging then an opening is a must. However, if it was collecting inside then it is alright, but that needs to be specified.

Answer: We appreciate your comment. It seems like the problem lies in the definition of external opening. We found the ECF opening externally into the subcutaneous tissue, thus leading to the formation of a huge carbuncle. There was no hole on the carbuncle visible on the abdominal surface. Therefore, we performed a minimal incision on the carbuncle's external surface to collect the pus for culture. In addition, we injected the contrast dye from the incision hole to conduct the CT fistulography. We hope this updated information is detailed enough to meet your requirements. Additionally, we clarified these details in the revised manuscript to prevent misundertanding.

Thank you very much.

3. Why was a CT done when the diagnosis was just a cellulitis of the abdominal wall

Answer: We appreciate your raising this question.

Due to the positive cultural result of *Enterococcus* and the colitis found during colonoscopy, we suspected ECF.

Also, we wanted to arrange debridement for the cellulitis. We thought that a CT scan would help us get more information. Therefore, we arranged a CT scan.

We have revised the related content in the new manuscript. Thank you for reminding us.

4. It cannot be a fistulography if there was no extrenal opening

Answer: We appreciate your comment. It seems like the problem lies in the definition of external opening.

We found the ECF opening externally into the subcutaneous tissue, thus leading to the formation of a huge carbuncle. There was no hole on the carbuncle visible on the abdominal surface. Therefore, we performed a minimal incision on the carbuncle's external surface to collect the pus for culture. In addition, we injected the contrast dye from the incision hole to conduct the CT fistulography.

We hope the updated information above is detailed enough and meets your requirements.

In addition, we mentioned these details in the revised manuscript to prevent misundertanding.

Thank you very much.

5. Rephrase as " the dye tracked down" instead of "penetrated"

Answer: We totally agree and changed the phrase in the revised manuscript as per your suggestion. Thank you very much.

6. Technically, if there was no external opening the it cannot be called as a fistula

Answer: We appreciate your comment. It seems like the problem lies in the definition of external opening.

We found the ECF opening externally into the subcutaneous tissue, thus leading to the formation of a huge carbuncle. There was no hole on the carbuncle visible on the abdominal surface. Therefore, we performed a minimal incision on the carbuncle's external surface to collect the pus for culture. In addition, we injected the contrast dye from the incision hole to conduct the CT fistulography.

We hope this updated information is detailed enough to meet your requirements.

Additionally, we clarified these details in the revised manuscript to prevent misundertanding.

Thank you very much.

7. It is better to specify what was anastomosis

Answer: It is re-anastomosis of the ileum and transverse colon.

Thank you for the reminding us, it helped us improve our article.

8. How can a CT fistulography be done when a patient has cellulitis in absence of any external opening

Answer: We appreciate your comment. It seems like the problem lies in the definition of external opening.

We found the ECF opening externally into the subcutaneous tissue, thus leading to the formation of a huge carbuncle. There was no hole on the carbuncle visible on the abdominal surface. Therefore, we performed a minimal incision on the carbuncle's external surface to collect the pus for culture. In addition, we injected the contrast dye from the incision hole to conduct the CT fistulography.

We hope this updated information is detailed enough to meet your requirements.

Additionally, we clarified these details in the revised manuscript to prevent misundertanding.

Thank you very much.

9. The sentence is a bit confusing. Seems like IV or oral contrast is used in X ray fistulography too

Answer: Sorry for the inaccurate description.

We changed the sentence to "X-ray fistulography with oral contrast and abdominal computed tomography (CT) with intravenous or oral contrast are generally used to diagnose ECF "

Thank you for helping us correct this mistake.

10. History of any febrile episodes should be specifically mentioned

Answer: Thank you for reminding us. We collected vital signs throughout the patient's hospital stay and the highest temperature was 37.3°C four days after surgery. We have added this information in the "HISTORY OF PRESENT ILLNESS" , "PHYSICAL EXAMINATION" and "OUTCOME AND FOLLOW-UP" three parts.

11. These in no way can lead to the diagnosis of cellulitis, which has different signs all together. Additionally, absence of tenderness as mentioned should rather be a point against cellulitis.

Answer: Sorry for the mistake and thank you for reminding us. We updated with more detailed

symptoms, including local tenderness and redness. Please see the revised manuscript. Thank you very much.

12. Where was the discharge originating form

Answer: Thank you for reminding us. Since the carbuncle had no visible opening on the abdominal surface, we performed a minimal incision to collect pus.

We also revised the related content in the manuscript. Thank you very much.

13. Capitalisaion Is not required

Answer: Thank you so much. We have corrected it in the revised manuscript

14. Enterococus can also originate from a sealed off bowel perforation or some other reason. The culture in itself cannot be the basis of suspicion of ECF

Answer: Thank you for reminding us of this possible etiology. We totally agree with your comment. We suspected ECF according to the combination of the culture result, the findings at colonoscopy, and the image of CT scan before contrast dye administration (we could see bowel closely adhering to the peritoneum). Actually, the CT images were our main reason of suspicion. Thank you very much.

15. That means there was no external opening and so fistulography is an improper nomenclature

Answer: We appreciate your comment. It seems like the problem lies in the definition of external opening.

We found the ECF opening externally into the subcutaneous tissue, thus leading to the formation of a huge carbuncle. There was no hole on the carbuncle visible on the abdominal surface. Therefore, we performed a minimal incision on the carbuncle's external surface to collect the pus for culture. In addition, we injected the contrast dye from the incision hole to conduct the CT fistulography.

We hope this updated information is detailed enough to meet your requirements.

Additionally, we clarified these details in the revised manuscript to prevent misundertanding.

Thank you very much.

16. Why should a diagnisricv a

Answer: Sorry that we could not understand the question. Please don't hesitate to offer suggestions. We will revise the content according to your advice. Thank you very much.

17 . What was the anastomosis and where and why was a peritoneal repar done

Answer: We appreciated your raising this question.

We did the reanastomosis of ileum and transverse colon after colon resection. Due to cecum's severe adhesion with the RLQ of the abdomen before the surgery, we resected the colon with the peritoneum attached to it. A peritoneum defect over RLQ was also noted; therefore we also conducted the peritoneum repairment to prevent hernia and adhesion.

We hope the above information is detailed enough to meet your reqiurement.

Related details were also revised in the new version of the manuscript. Thank you very much.

18 . The sentence is confusing and lacks a clear message and should be modified or omitted.

Answer: Sorry for the inaccurate description.
We changed the sentence to "The patient's oral intake recovered due to the short course of treatment and the absence of any further surgical operation".
We hope the revised version offers more accurate information and meets your requirements.
Thank you for reminding us.

19. Provided refernces for this statement
Answer: We appreciate you for raising this important issue.
We have searched for the reported cases of ECF. Most of them was diagnosed by CT with intravenous contrast.
In our contry, CT fistulography is seldom used ; X-Ray fistulography and simple CT is more often used to diagnose ECF. However, sometimes the images of CT scan are still inadequate . Fistula would be neglected in some cases and no further survey would be arranged.
According to the above information and experience, we wrote this sentence.
If the above information is not enough or this statement is not reasonable, pleased do not hesitate to tell us. We will delete this statement and revise the related content.
Thank you very much.

20. There are 5 CT images which is uneccasary. Give one or two representative pictures
Answer: Dear reviewerWe appreciate your comment. However, we would try to ask for the possibility to keep both axial view and coronal plane.
A.The reason for preserving axial view:
One of the main reason for suspecting ECF is that the non-contrast CT showed the colon closely adhered to the abdominal wall. Therefore we decided to conduct CT fistulography.
B.The reason for preserving coronal view: We could clearly see the contrast dye tracting down through the muscle and peritoneum layer. Thus the three picture in coronal view showed the whole dynamic process and was rich in educational function.
If you still think that we should only supply the representative one, please do not hesitate to tell us again. We will choose the most representative one or two.
Thank you very much.

21. What was the justification of doing a peritoneal repair? Do the authors repir all peritoneal defects?
Answer: We apprciated your raising this question.
We did the reanastomosis of ileum and transverse colon after colon resection. Due to cecum's severe adhesion with the RLQ abdomen before the surgery, we resected the colon with peritoneum attached on it. Peritoneum defect over RLQ was noted and we conducted the peritoneum repairment to prevent hernia and adhesion.
The related content was revised in the new version of the manuscript.
We hope the above information is detailed enough to meet your reqiurement. Thank you very much

22. The manuscript till now has been talking about an absence of an external opening
Answer: We appreciate your comment. It seems like the problem lies in the different definition of external opening. We found the ECF opening externally into the subcutaneous tissue, thus leading to the formation of a huge carbuncle. There was no hole on the carbuncle visible on the abdominal

surface. Therefore, we performed a minimal incision on the carbuncle's external surface to collect the pus for culture. In addition, we injected the contrast dye from the incision hole to conduct the CT fistulography.

In addition, we mentioned the related details in the reviewed manuscript. We have changed the sentence from "Fascia defect due to infection caused by external opening of the fistula" to "Fascia defect due to infection caused by external opening of the fistula into the subcutaneous layer "

Thank you very much