Reviewer #1: The peer-reviewed paper is a nice presentation of a rare case of bronchogenic esophageal cyst treated by endoscopic surgery. Overall quality of this paper is good. Most of my comments are regarding language issues.
1.Calabash-like esophageal bronchogenic cyst excised by endoscopic submucosal tunnel dissection: A case report (Title): I think the words Calabash-like can be removed.
We have removed the words of Calabash-like, as you can see in page 1, line 5-6.

2. submucosal eminence (Case Summary, Case Presentation) - submucosal protruding mass is better
We have used the words of su
bmucosal protruding mass instead of submucosal eminence, as you can see in part of case summary in page 3, line 8 and in part of case presentation in page 5, line 19.

3. If the EBC is located in the esophageal wall and mucosal or submucosal resection is confirmed to be safe (Introduction) - ...esophageal wall, mucosal or... is better.
We have changed the sentence as "If the EBC is located in the esophageal wall, mucosal or submucosal", as you can see in part of Introduction in page 4, line 15-16.

4. Gastroscopy performed in another hospital showed an apophysis lesion in the esophagus at 25 cm from the incisors to the dentate line. A diagnosis of external pressure esophageal apophysis was considered (Case Presentation): apophysis lesion is a bad term. Please change it. ...to the dentate line - these excessive words can be removed.
We have changed the sentence as "Gastroscopy performed in other hospital showed a submucosal protruding mass in the esophagus at 25 cm from the incisors and a diagnose of external pressure esophageal apophysis was considered", as you can see in part of case presentation in page 5, line 19-21.

5. The patient had a history of hypertension for > 2 years and was treated with oral antihypertensive drugs. I think, it will be better to place this phrase in a part "History of past illness"
We have placed this phrase in a part "History of past illness", as you can see in part of case presentation in page 5, line 23-26.

6. At upper gastrointestinal endoscopy, a submucosal uplift was observed... (Imaging examinations, Treatment) - "submucosal mass was observed" is better.
We have used the words of submucosal mass instead of submucosal uplift, as you can see in part of Imaging examinations, page 6, line 22, and in part of Treatment in page 8, line 15.

7. We then used a Haibo knife - please comment this term for a non-expert reader.

We have used the word of HybridKnife instead of Haibo knife and have explained this term for a non-expert reader, as you can see in part of treatment in page 8, line 18-19.

8. It was yellow–white, soft to touch, and we use a hai bo knife - please use the same spelling (Haibo) throughout the paper.
We have used the word of HybridKnife instead of Haibo knife and use the same spelling (Haibo) throughout the paper, mainly in part of treatment and legend of Figure 2.

9. Figure 2. Endoscopic Submucosal Tunnel Dissection of the esophageal Bronchogenic Cyst: it will be better to add comments on every step of the procedure.
We have added comments on every step of the procedure, as you can see in part legend of Figure 2 in page 9.

10. given oral mucosal protectant for one month (OUTCOME AND FOLLOW-UP) - please add the drug name.
We have added the drug name, as you can see in part of OUTCOME AND FOLLOW-UP in page 10, line 10.

11. nature of acyst (Discussion) - of a cyst is right. However, for large and deep antral growth (Discussion) - antral growth is a bad term.
We have used "of a cyst" instead of "of acyst ", as you can see in part of Discussion, page 12, line 10, and we have moved the words of "antral growth" and used the word of lesion in page 14, line 3.

12. To be corrected. endoscopic tunnel treatmen - treatment is right. the nature of acyst - a cyst is right.
We have changed treatmen into treatment, as you can see in part of Discussion, page 14, line 7, changed acyst with a cyst, in page 14, line 24.

13. intramural land extramural relationship - maybe "and"???
We have changed "intramural land extramural relationship" into "intramural and extramural relationship", as you can see in part of Discussion, page 12, line 19.

14. Anyway, there are some strengths, cause the typical findings by EUS, we made a primary diagnose and the histological examinations confirmed the diagnose, indicating EUS was a noninvasive and useful tool for the diagnose of EBC. - here, the word "diagnose" is presented three times. Diagnosis is right. submucosal eminence of the esophagus - see above. pathologic results verified the diagnose - see above.
We have changed "diagnose" into "diagnosis", as you can see in part of Discussion, page 15, line 7-8 and in part of case summary, in page 3, line 11.

Reviewer #2: Zhang et al describe a case of esophageal bronchogenic cyst treated with ESD. I have following comments/suggestions:

1. The authors describe that the patient was referred following abnormal finding on physical examination, which in fact was upper endoscopy. I suggest that you specify this in text, e.g. "the patient was referring following finding of a submucosal lesion on upper endoscopy". It is also not clear why the CT/gastroscopy were performed since the patient had no symptoms?

We have described that" We report a 53-year-old Chinese woman hospitalized in our hospital following finding of a submucosal protruding mass of the esophagus by upper endoscopy", as you can see in part of case summary, page 3, line 7-8. The patient received gastroscopy because she wanted do health checkup including gastroscopy examination (page 5, line 13-15). After a submucosal protruding mass of the esophagus was found by upper endoscopy, CT was arranged for her in order to help reveal the nature of a cyst (page 6, line 15-16).

2. I am not sure about the gender of the patient, on page 5 the patient is referred to as a female, whereas under Personal and family history section on the same page, the patient is referred to as a male.

The gender of the patient is female, and we have changed his into her, he into she in personal and family history section in page 5, the last line.

3. Which EUS features were consistent with the diagnosis of EBC, since this is a rare and difficult lesion type to diagnose? This is mentioned in the Discussion section, but not during case presentation.

We have supplemented this explanation in part of FINAL DIAGNOSIS (page 7, line 9-15).

4. I suggest you use third person narrative when explaining the ESD procedural steps.

We have used third person narrative when explaining the ESD procedural steps in part of treatment (page 7, line 17-20 and page 8).

5. Why was the cyst resected if the patient was asymptomatic? Did histopathological examination reveal any dysplasia/malignancy?

With respect to the treatment of EBC in asymptomatic patients, some researchers advocate that the least invasive method should be chosen for diagnosis and treatment of EBC due to its low rate of malignant transformation. Others recommend surgical or thoracoscopic removal in consideration of complications of intracystic hemorrhage, rupture, infection and carcinomatous change. Surveillance and resection options were discussed with the patient and her family. Esophagectomy, thoracoscopic resection, and ESTD were considered as possible treatments that were communicated to them. They wanted a definite diagnosis, as the lesion was small and originated from the muscularis propria, preoperative

endoscopy was not difficult and caused little damage to the mucosa and muscular layer, and in accordance with the principles of endoscopic treatment of esophageal cancer in the muscularis propria, ESTD was recommended. Those explanations were stated in treatment part (page 7, line 17-20 and page 8, line 1-9).
We have stated in legend of Figure 3 that "Histological examinations showed the specimen was consistent with bronchogenic cyst with obvious hyperplasia of histiocytes and no dysplasia/malignancy was found" (page 10, line 2-5).

6. I suggest that you revise the manuscript critically, as there are several spelling and grammar errors. Furthermore, please use a more formal and scientific language.
We have revised the manuscript critically and use a more formal and scientific language.

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Reviewer #1: Dear Authors Thank you for presentation this nice case. My comment as below: The authors stated that the diagnosis of esophageal bronchogenic cyst was made by EUS. I think this statement is not true. Because the definitive diagnosis is always made by histopathological examination. EUS and other radiological instruments can only be used in the preliminary diagnosis or differential diagnosis of the esophageal bronchogenic cyst.
Thanks for your comments. We have changed the statement of diagnosis into preliminary diagnosis throughout the manuscript and highlighted in the updated version of the manuscript with blue color.

Reviewer #2: Well done article, minor English language is still necessary. Please add DOI and PMID to the references.
Thanks for your comments. We have added DOI and PMID to the references and highlighted with blue color in the references part.

Reviewer #3: -Add more on basic of bronchogenic cyst in the introduction -Discus role of advanced imaging of mediastium such as diffusion MR imaging using these ref -Abdel Razek AA, Gaballa G, Elashry R, Elkhamary S. Diffusion-weighted MR imaging of mediastinal lymphadenopathy in children. Jpn J Radiol 2015;33:449-54. -Abdel Razek AA, Soliman N, Elashery R. Apparent diffusion coefficient values of mediastinal masses in children. Eur J Radiol 2012;81:1311-4. -English language correction through the manuscript -Discus merits and limitations of EUS -Update of references as most of references are old using these ref -Razek AAKA, Samir S. Differentiation malignant from benign pericardial effusion with diffusion-weighted MRI. Clin Radiol 2019;74:325.e19-325.e24.
Thanks for your comments. We have added more on basic of bronchogenic cyst in the introduction part and highlighted with blue color in page 4. We have discussed the role of advanced imaging of diffusion MR imaging using those references and highlighted with blue color in page 12. English language correction have been made through the manuscript. We have discussed the merits and limitations of EUS and highlighted with blue color in page 13.

We have updated some of the references and highlighted in the references part and in the main body with blue color.

Reviewer #4: This is very interesting paper about the treatment and diagnosis of esophageal bronchogenic cyst. Endoscopic ultrasound (EUS) will further characterize the lesion and demonstrate whether or not the mass is contained within the esophageal musculature. EUS-guided fine needle aspiration (FNA) is increasingly performed in the diagnosis and staging of intrathoracic malignancy and has an excellent safety profile in the setting of solid masses with a complication rate of approximately 0.5%.However, this is not true in the case of cystic lesions where up to a 14% rate of complications has been described.In general, an esophageal mass which does not present with mucosal abnormality should not be biopsied or sampled with either EUS-FNA or biopsy forceps. Complications include infection, hemorrhage, and mediastinitis. I agree to author's discussion.

In addition, the scale and magnification have been added to Figure 3 in oage 10.