

Reviewer#1

Comments: it is well written case report but need intra-operative photographs to get more benefit

Reply: Thank you very much for your valuable advice. I'm sorry that the patient was in critical condition during the emergency surgery at night. We tried our best to save her life, so we could not save the operation photos in time.

Reviewer#2

Comments: Congratulations on your case report on a very uncommon presentation of blunt abdominal trauma. Why did you decide to perform surgery as first line treatment in this case? This was a suspected hemorrhage in an hemodynamically unstable patient and that is a clear indication for emergency laparotomy. However, but most of it was retroperitoneal and you did not give blood products preoperatively. If the patient had responded to transfusion do you think that surgery would always be necessary? I think that the manuscript would benefit if you gave a more in-depth discussion on this topic. Also, post operative recovery was not smooth (as in abstract) - the patient had a post operative pancreatic fistula. You can find more comments on the attached file. It would be nice if you had surgery photos. The manuscript also needs language polishing.

Reply: Thank you very much for your valuable advice. I'm sorry that the patient was in critical condition during the emergency surgery at night. We tried our best to save her life, so we could not save the operation photos in time. The patient was infused with related blood products after arriving at the emergency center, but her hemodynamics were still unstable under monitoring. We highly suspect that she was bleeding from the abdominal cavity, so surgical exploration was performed in the emergency department. The patient did develop a pancreatic fistula after the operation. After active treatment, her symptoms were significantly relieved. During the follow-up, no abnormalities were found in the blood tests, and the abdominal drainage tube was removed.