

Reviewer #1:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (High priority)

**Specific Comments to Authors:** Dear author thank you for submitting your case report. The manuscript was well written with adequate photographs. One minor suggestion is please also mention the name of antibiotic use to manage the condition.

Answer:

Thanks for your advice. The antibiotic use has been described in revised manuscript. In this case, we successively used ceftriaxone, ceftazidime, metronidazole, and ciprofloxacin according to the drug sensitivity test.

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:**

01 The following sentences need at least one reference each in order to back up their statements, otherwise they would be mere assumptions made by the authors, becoming information without evidence: "Once infection occurs, the transplanted tissue may become necrotic, the length of hospital stay increases significantly, and the time of postoperative adjuvant treatment may be delayed." "Postoperative parotitis is rare and is detrimental to a patient's recovery." "In severe cases, meningitis and even encephalitis are possible and is life-threatening." "the occurrence of suppurative parotitis 25 days after surgery may be related to insufficient oral food intake and decreased parotid gland secretion." "The two stage-surgery strategy is safer for large paragangliomas within the skull base and may induce significant meningeal defects." "Even if the surgical site gets infected, the probability of meningitis or encephalitis is low." "once the surgery is divided into two stages the local blood supply becomes relatively rich when the transposed tissue survives and becomes significantly more favorable for the growth of the repaired meninges after the second stage-surgery." "the removal of the epidural portion might induce the tumor reduction effect." 02 At the end of the Introduction the authors need to explain what unique about this case is and what it does add to the scientific literature.

Answer:

Thanks for your advices.

1. further searched the literature and found evidences to support the following statements: "Postoperative parotitis is rare and is detrimental to a patient's recovery." "In severe cases, meningitis and even encephalitis are possible and is life-threatening." "the occurrence of suppurative parotitis 25 days after surgery may be related to insufficient oral food intake and decreased parotid gland secretion." "the removal of the epidural portion might induce the tumor reduction effect."

And the following statements are our own assumptions: "Once infection occurs, the transplanted tissue may become necrotic, the length of hospital stay increases significantly, and the time of postoperative adjuvant treatment may be delayed." "The two stage-surgery strategy is safer for large paragangliomas within the skull base and may induce significant meningeal defects." "Even if the surgical site gets infected, the probability of meningitis or encephalitis is low." "once the surgery is divided into two stages the local blood supply becomes relatively rich when the transposed tissue survives and becomes significantly more favorable for the growth of the repaired meninges after the second stage-surgery."

2. The uniqueness of this case and what it adds to the scientific literature has been presented at the end of the introduction: "We need to be alert to the emergence of postoperative suppurative parotitis, find the inflammation evidence in the adjacent area of the surgical site as soon as possible, and prevent it from spreading, which could result in adverse consequences for patients. VSD is worth considering for such complicated postoperative infections of the lateral skull base."

Reviewer #3:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:**

1. The background and conclusion in the abstract are too long, please write them briefly and concisely! 2. Please explain the reason for the author to perform surgery in 2 stages on this patient? Has the procedure become standard? 3. Please specify the antibiotic that the author gave this patient during the surgical wound infection! How long has the patient been given antibiotics? 4. Can the author explain if the cause of surgical site infection in this patient is due to suppurative parotitis or vice versa?

Answer:

Thanks for your advices.

1. The background and conclusion in the abstract have been further simplified.  
2. The 2-stage procedure hasn't become standard, but we believe it's safe and appropriate for such a patient.  
3. The antibiotic regimen initially included ceftazidime (1g q8h) and metronidazole (0.5g bid) intravenous drips. During the dressing changes, bacteria culture and drug sensitivity tests were performed. *Pseudomonas aeruginosa* was cultivated intermittently, and ciprofloxacin (0.4g qd) was replaced according to the drug sensitivity test. After the systemic inflammatory index returned to normal, there were no other abnormalities except for a small amount of purulent exudation when changing the wound dressing. An infectious disease physician evaluated the advantages and disadvantages of continuous use of systemic antibiotics and considered that continually antibiotic therapy might not further effectively control the infection; however, might lead to the emergence of antibiotic resistant bacteria. The appropriate method to promote local wound healing should be continuous dressing

changes and adequate drainage. The antibiotics were stopped, and the duration of systemic antibiotic usage after debridement was 3 weeks.

4. Infection of the wound appeared on the ninth day after the patient developed suppurative parotitis. According to the time sequence of suppurative parotitis and liquefaction necrosis, the infection of the surgical site was considered to be caused by suppurative parotitis. In the revised manuscript, we specifically described the time when suppurative parotitis appeared and the time of wound infection