

Dear Editor, Dear reviewers

Thank you for your letter dated October 12. Based on your comment and request, we have made extensive modification on the original manuscript. We thank the reviewers for the time and effort that they have put into reviewing the previous version of the manuscript. Their suggestions have enabled us to improve our work. Based on the instructions provided in your letter, we uploaded the file of the revised manuscript. Accordingly, we have uploaded a copy of the original manuscript with all the changes highlighted by using the track changes mode in MS Word. A revised manuscript with the correction sections red marked was attached as the supplemental material and for easy check/editing purpose. Should you have any questions, please contact us without hesitate.

We would like also to thank you for allowing us to resubmit a revised copy of the manuscript.

We hope that the revised manuscript is accepted for publication in the Journal of Mountain Science.

Reviewer 1:

Specific Comments to Authors: 1. The authors have used superlatives and conjectures to enhance the impact and this is not in keeping with scientific writing. For example, in abstract, i shall point the following 4 points. In the rest of the manuscript, there are many such issues and i request authors to moderate the tone and keep it simple, factual and trim the language additives. (a) heavy consequences if not diagnosed ---- just consequence. Or could say it can contribute to morbidity etc (b) caused an uncontrollable liver abscess - just state liver abscess (c) symptoms were significantly improved - just say the abscess resolved or symptoms improved (d) laparoscopic approach to the abscess is very useful - just mention that it is safe and feasible or useful. I hope authors can figure out what i am trying to convey. Please edit accordingly in entire manuscript. The above 4 examples are in abstract section. 2. In case report description you mention - loss of consciousness without obvious incentive. What does it mean? What is without incentive? Do you mean to convey that without obvious cause or explanation? Pls modify. 3. Double pneumonia - is wrong. Can put as bilateral pneumonia. 4. Square lobe of the liver - is wrong. There is nothing called square lobe. Pls describe in terms of segmental anatomy e.g. segment III or segment IV (i suspect you mean to convey quadrate lobe, but still this is not current accepted terminology) 5. Lactic acidosis is not a diagnosis. You already have septic shock in diagnosis. Lactic acidosis is included in septic shock and so omit it. 6. Did the original CT scan report - radiologist doctor reported on the ""linear density" or some terminology to describe possible foreign body or a fish bone? Or the radiologist missed this and only during MDT discussion it was detected? Pls mention this clearly in the description. 7. In the operative description you mention - patient's pylorus and hepatic hilum were obviously adherent --- well they were adherent or densely adherent. There is no obvious adherent. Edit this. 8. In operative description - white long 2cm long -- long is repeated twice. Edit this. 9. Length of stay? when was

drain removed? any bile leak? whats the duration - interval of your followup? All this has to be included please 10. First statement of intro is wrong - etiology of liver abscess is the purulent lesions of the liver ---- liver abscess itself is purulent lesion. So aetiology is bacterial fungal etc. The word purulent is wrong. You also should use the term pyogenic liver abscess and coin acronym PLA rather than stating "liver abscess". Pls make this change in title, abstract and entire manuscript. 11. Another statement - Foreign body triggers are very rare. This is also wrong. It is not a "trigger". It is a causative agent. It is aetiology and not a trigger. Edit and rephrase this. 12. Diagnosis is also difficult as patients sometimes dont give history of foreign body ingestion as it is few days ago and they may not consider it relevant. Also the foreign body is not visible on X-rays. Sometimes it is also not visible on CT scans! Pls add all this in discussion. 13. I have witnessed two situations (both not reported by me as in Singapore this is fairly common problem). In one situation, we did not operate but simply did percutaneous drain and the patient did not have recurrent issues as generally a layer of fibrosis/granulation/calcification develops around the foreign body and possible it is digested away too. This is similar to gunshot pellets where we dont have to remove each and every pellet! In my other case, i tried laparoscopic surgery but did not find the foreign body. I converted to open, i could not find. I found dense adhesions between stomach and liver, but only found pus but no foreign body every with open conversion and spending a lot of time to find it (a frustrating experience for me). Patient recovered well. So in short i am telling this experience to convey the message that your discussion has to be moderated. The removal of foreign body is not "must do" thing though intuitively it makes sence to remove it as a potential source; but in practise it can be left alone without no dire consequences. Thus, you could simple do percutaneous drainage and antibiotics and save the patient a surgery. This all has to be discussed. 14. Trim conclusion to 2-3 statement and not so long and redundant. 15. You should include what bacteria was grown from pus or blood culture. What was sensitivity. What was the duration of antibiotics you gave.

Response:

We thank you for that excellent and insightful series of remarks. 1. We revised the four points pointed out, figured out what the reviewer meant, and read the full text carefully to correct them. 2-4. In case report we describe wrongly about without obvious cause, bilateral pneumonia, segment IV of the liver, we modified it. 5. According to your advice, we agree that Lactic acidosis is included in septic shock and we already omit it. 6. The radiologist missed it in the initial report, MDT discussion it was detected. We modify and mention this clearly in the description. 7. In the operation, we found patient's pylorus and hepatic hilum were densely adherent, we modified it. 8. long is repeated twice, we modified it. 9. After the operation, the patient recovered smoothly, drainage tube outflow a small amount of reddish drainage fluid. After 5 days observation, drainage tube was removed. 10. Liver abscesses are purulent lesions of the liver caused by various microorganisms such as bacteria, fungi or *Entamoeba histolytica*. We modified it, and used the term pyogenic liver abscess and coin acronym PLA. Made this change in title, abstract and entire manuscript. 12. Diagnosis is also difficult as patients sometimes don,t give history of foreign body

ingestion as it is few days ago and they may not consider it relevant. Also the foreign body is not visible on X-rays. Sometimes it is also not visible on CT scans! We add this in discussion. 13. We read and considered the 2 categories of cases cited by the reviewers, and also continued to search for successful cases of non-surgical treatment of a liver abscess caused by a foreign body. We agree with the reviewers that our tone is too absolute, and we revised the entire manuscript subtracting an excess of unnecessary modifiers. We found that remove foreign body is not "must do" thing, percutaneous drainage and antibiotics and save the patient a surgery. and also revised the entire manuscript. 14. We trimmed our conclusion. 15. It is mentioned in the manuscript "bronchoscopy, blood culture, sputum culture and other examinations were successively performed with adjustment, and no special infection was found. Anti-inflammatory rescue therapy 8 days.

Reviewer #2:

Specific Comments to Authors: Major Comments: (1) Although no ground-breaking innovations are presented, this manuscript offers an interesting case report and illustrative pictures. (2) More details on the laparoscopic technique (number and location of the ports used, etc.) should be given. (3) Follow-up information should be added within the text. (4) Please check the units ("HCO₃- 12.7 mmHg"?). Additional Comments/Suggestions: (5) Line 17: "performed the surgical" -> performed the surgical procedure. (6) Line 20: "contributed to manuscript Revision" -> contributed to manuscript revision. (7) Line 38: "and, septic shock" -> and septic shock. (8) Lines 48-51: "Although liver abscess caused by foreign bodies are rarely seen, they should still be considered as potential causes of abscesses and need attention. It usually requires surgical treatment, our case prove that a laparoscopic approach to the abscess is very useful." -> Although liver abscesses caused by foreign bodies are rarely seen, they should still be considered as potential causes and need attention. This condition usually requires surgical treatment and our case proves that a laparoscopic approach is very useful. (9) Lines 73-74: "A male patient, 56 years old, complained of 'intermittent chest tightness and shortness of breath for 7 days, aggravating for 1 day', was admitted..." -> A male patient, 56 years old, complaining of 'intermittent chest tightness and shortness of breath for 7 days, aggravating for 1 day', was admitted... (10) Line 94: "In the Intensive Care Unit, the patient was transferred back to the general ward..." -> From the Intensive Care Unit, the patient was transferred back to the general ward... (11) Line 100: "who was returned to the Intensive Care Unit again" -> and was returned to the Intensive Care Unit again. (12) Lines 102 and 103: "MDT" -> MDD. (13) Lines 124-125: "The etiology of liver abscess is the purulent lesions of the liver caused by various microorganisms such as bacteria, fungi or amoeba histolytica" -> Liver abscesses are purulent lesions of the liver caused by various microorganisms such as bacteria, fungi or Entamoeba histolytica. (14) Line 138: "Lambert [4] have reported..." -> Lambert [4] has reported... (15) Lines 148-149: "Liver abscess is a disease well known to clinicians, and their clinical manifestations are diverse" -> Liver abscess is a disease well known to clinicians, and its clinical manifestations are diverse. (16) Lines 194-195: "have been successfully removed after exploratory laparotomy, of which in 2 cases has been removed by laparoscopy" -> have been successfully removed after exploratory laparotomy, in 2 of them by laparoscopy. (17) Line 286 (Figure Legend 1): "Images of the high-density foreign body was marked with a red arrow" -> The high-density foreign body was marked with a red arrow. (18) In spite of language editing, there are some stylistic/linguistic problems (perhaps changes were made after the editing process or

the authors did not take up all the suggestions).

Response:

Thank you very much for the positive comments and constructive suggestions.
2-3. We added more details on the laparoscopic technique, follow-up information.
4-17. These are all errors in our language and expression, we found our mistake and modified throughout the text according to the comment. 18. We adopted the reviewer's recommendations and revised the language of the full text. From the above comments, we recognize a lot of language modification and other issues, and have also revised the full text, thank you for your patient comments.

Sincerely,

Ayifuhan Ahan