

Dear Editor,

We would like to express our sincere appreciation for your comments. We have carefully revised our manuscript based on your suggestions, and the point-by-point responses to each comment are detailed below. Please let us know if you have any further questions or if you need additional clarification.

Sincerely,

Dr, Xuming Huang

Reviewer #1:

However question remains whether there are any ethical issues.

RESPONSE: This is a retrospective case report. We did not carry out prospective interventions on the patient and the publication of this report has been approved by the ethics review board (see the uploaded approval Ethical document for details).

Other concerns are as follows: Major comments #1 In introduction, the authors describe that EVL has not been widely in GOV. However, EVL is the common treatment for esophageal varices. It is desirable to have the separate description of esophageal varices and gastric varices.

RESPONSE: Thank you for the information. EVL is a common treatment for esophageal varices which has not been widely in gastric varices. We have revised the text accordingly (Page 3, Lines 15-16, green font).

#2 The first endoscopy was performed on day 4. It is necessary to clearly state why the endoscopy was delayed for the patient with suspected variceal bleeding.

RESPONSE: We have supplied the cause (Page 4, Lines 17-18, green font).

#3 The authors describes that this study was approved by the ethics review board. However there is no description about the study design.

RESPONSE: Thank you for your reminder. This is a retrospective case report. We have provided the relevant information (Page 5, Line 19, green font).

#4 Detailed description such as the type of clip to be used (angle, length), targeting method, clipping order, etc. is required.

RESPONSE: Thank you for your valuable advice. Per your suggestion, we have provided the relevant information (Page 5, Lines 2-13, green font).

#5 GOV and liver function are closely related. It is needed to be stated whether the treatment affected liver function.

RESPONSE: We have added the results of liver function follow-up (Page 5, Line 15, green font) and related statements. (Page 6, Line 25 to Page 7, Line 2, green font).

Minor comments #1 (page 3, line12) The definition of Type 1 GOV is needed to be described for the readers unfamiliar with this disease.

RESPONSE: We have provided a definition of Type 1 GOV according to your suggestion. (Page 3, Lines 11-12, green font)

In addit #2 (page 4) Laboratory test results need to be summarized in a table for readers to see.

RESPONSE: Per your suggestion, we have added Table 1. (Page 4, Line 14, green font; Table 1)

#3 (page 5, line 3)The expression ‘5 unit’ s not suitable because the transfusion unit varies from country to country.

RESPONSE: Thank you for your valuable advice. We have revised the text accordingly. (Page 4, Line 19, green font)

#4 (figure 1, 2) In case that the progress is evaluated by CT and endoscopy, it is necessary to present the parts to be compared side by side so that they can be easily

compared. Figures without significant findings are not necessary.

RESPONSE: Per your suggestion, we have modified Figure 1 and Figure 2.

We hope our revisions are satisfactory.

In addition, figure legend (f-j) is mistaken. It is not for CT but for endoscope.

RESPONSE: We are very sorry for this error, and have made corrections accordingly (figure legend section).

Reviewer #2:

I agree with the authors that this method of preventing bleeding from varices of the stomach is very cost-effective, but requires further detailed study on a larger number of patients.

RESPONSE: Thank you for the information. We will perform further research when conditions are right.