

Dear Editors and Reviewers,

It is such a great honor to hear from you. Before starting our reports, we would like to take this opportunity to express our sincere appreciation for your generosity in your time, efforts, and approbation of our submitted article. To ensure the scientificity of this paper, we invited Dr. Di Xia from the Department of Anesthesiology to join in revising this manuscript and add her knowledge to it.

Herewith are our formal responses to the reviewer's comments. All of them were made and approved by the authors altogether. Responses to the publisher's requirement and the editorial team's comments have also been attached. Also, some formatting changes, such as references, words, and phrases, have been made throughout our revision. All changes could be found by using the *Track Changes* feature in MS word.

Responses to reviewer

Comment 1: Very nice written case. Will suggest little more description on the IA pressure during CO₂ insufflation. X-ray of the pneumothorax if available intraop would be helpful if available.

Reply 1: Thank you for your appreciation. We are flattered to know our work has been recognized. The description of the IA pressure during CO₂ insufflation has been added in the text. Unfortunately, X-ray scanning of the pneumothorax was not conducted back in operation because of the shielding of the metal component on the operating table, which we thought would interfere with the X-ray scanning. Instead, we performed an intraoperative ultrasound examination. We would include this issue in the paper as an explanation.

...while her HR increased to 106 bpm, and her BP increased from 80-90/60-65 mmHg to 106/80 mmHg. We paused the operation to recheck all equipment to make sure they were working well. Minutes later, her SpO₂ decreased to 85-88%, and BP dropped to 80-85/50-60 mmHg like in a roller coaster. On the contrary, her HR increased to 116-125 bpm.... (Starting from page 6, line 152-156).

...Due to the shielding of the metal part of the operating table, intraoperative X-ray was not feasible in this case... (Starting from page 7, line 164-165).

...The patient's SpO₂ could be maintained at 94-98%, and intraarterial pressure was controlled at 90-100/60-70 mmHg after 30 minutes of pure O₂ flow and lung dilation... (Starting from page 7, line 168-170).

Summary: We added detailed descriptions and information as advised. (see page 6, line 152-156; page 7, line 164-165; page 7, line 168-170).

Comment 2: Some language polishing is needed.

Reply 2: We are so sorry for this inconvenience that we have caused. The language has been

revised.

Summary: We have had someone revise the English language in our text.

Responses to the publisher's requirements

Comment 1: LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

Reply 1: Further language polishing has been made, and a new language certificate has been uploaded along with the manuscript.

Comment 2: ABBREVIATIONS

Reply 2: All abbreviations have been checked and modified according to the publisher's rules and requirements.

Comment 3: COPYRIGHT LICENSE AGREEMENT

Reply 3: The CLAs have been signed and uploaded.

Comment 4: CONFLICT-OF-INTEREST DISCLOSURE FORM

Reply 4: The COIs have been signed and uploaded.

Responses to the Editorial Team's comments

(1) Science editor:

The authors described controlling the gas pressure of the abdomen/retroperitoneum as a critical issue in laparoscopic operations due to cause fetal pneumothorax. The authors stated that the long-term use of hormones is an essential factor. This is an interacting report that fits the journal scope. However, there are some concerns about this article, as reviewers mentioned. The authors should describe IA pressure during CO₂ insufflation more precisely. The figure needs arrows to point to details. The references are small.

Reply to the Science editor: Sir, thank you for your interest in our work. IA pressure during CO₂ insufflation has been added more detailly (see page 6, line 152-156; page 7, line 168-170). Arrows have been added in the figures to point to details. Some references have been added.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Reply to the editor-in-chief: Sir, we are so honored to know that your editorial team recognizes our work. Changes have been made accordingly. Original figure documents have been uploaded in editable PowerPoint format as well.