

Dear Editor:

Thanks for you and the reviewers' valuable suggestions. We have carefully read through the comments and made proper revisions.

We greatly appreciate your time and efforts to improve our manuscript for publication.

Kind regards,

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Reviewer #1:

1. On retrospect, could the history of crab ingestion have made a difference in management?

Response: Thank you for the good question. In retrospect, the history of crab eating did contribute to the delay in our rapid diagnosis. The foreign body in the esophagus of the patient in this study was a small crab, a sharp polygonal foreign body with only a thin shell and a small amount of crab meat inside. On the CT image, it looked like an air bubble, contrasting with

solid foreign bodies such as fish and poultry bones, which appear as opaque objects on the CT image. This delayed our rapid diagnosis of this patient. The patient was eventually diagnosed with a foreign body in the oesophagus through a multidisciplinary discussion.

2. Pg 4 lines 77-8 : "...She denied any.." Was the pt male or female?

Response: Thank you so much for pointing this severe mistake. The patient was male, it is corrected in the new version ([page 4 line 75](#)).

3. How long was the duration from onset of symptoms to intubation?

Response: Thank you for the good question. The patient was transferred to our hospital 3.5 hours after the onset of the illness and We treated him with emergency tracheal intubation and respiratory support ([page 5 line 91-92](#)).

4. The treatment given is not clear. Was the pt subjected to endoscopy followed by open surgery? What was the incision, how large was the esophageal rent? What suture was used for esophageal rent closure?

Response: Thank you for the good question. At the time of onset, the etiology of the patient was unknown, and the neck hematoma progressed rapidly and was in critical condition, so endoscopic treatment was not performed. The patient underwent [open surgery](#).

During surgery, an L-shaped incision was made along the sternocleidomastoid muscle of the right neck, followed by release and protection of the right recurrent laryngeal nerve. The posterior pharyngeal space was entered through the right tracheoesophageal groove and a large haematoma was seen. After aspiration of the haematoma, a small arterial injury was found and the vessel was closed with a surgical suture (ETHICON, polyglactin 910 suture). The wall of the right oesophagus was then incised and a foreign body was removed at the entrance to the oesophagus, which was found to be a small 2*3 cm crab (Figure 3) with sharp ends that pierced the oesophagus and measured 0.5*0.3 cm. After repeatedly flushing it with dilute iodine, we repaired the patient's cervical esophagus with surgical sutures (ETHICON, polyglactin 910 suture). (page 5-6 line 102-116).

5. What is the "..peripheral nerve pressure release.." (pg 5 line 102) procedure?

Response: Thank you for the good question. We have corrected this to "peripheral nerve decompression" (page 5 line 103). During the operation, release and protect the right recurrent laryngeal nerve to avoid injury.

6. How long was the pt followed up?

Response: Thank you for the good question. The patient was followed up by telephone for one year. The patient had no significant signs of discomfort and was living a normal life.

7. What vessels were damaged. How was the damage repaired ? (pg 7 line 149 : "damaging the blood vessels")

Response: Thank you for the good question. During the surgery, a ruptured small thyroid vessel was found to have caused a large hematoma in the neck, The ruptured vessel was sutured with surgical sutures (ETHICON, polyglactin 910 suture) (page 5 line 109-110).

8. In retrospect, could airway stabilisation be put forth as the foremost objective in such a case, before attempting removal / definitive management?

Response: Thank you for your excellent advice. Large haematomas in the mediastinum and neck can compress the patient's airway causing breathing difficulties, so it is vital to keep the airway open prior to surgery. (page 8 line 172-174).

Reviewer #2:

1). A detailed description of the contents of the food is required. This is because the large foreign objects in the photo are not expected to be contained in the steamed stuffed bun and soup.

Response: Thank you for the good question. The patient ate Steamed stuffed bun, fried dough stick and seafood soup (page 4 line 67), the seafood soup may contain crab. The patient comes from a coastal town where the locals love seafood so much that crab can even be included in a seafood soup for breakfast.

2). Please describe the time from swallowing the foreign body to the CT scan and the time to surgery.

Response: Thank you for the good question. After swallowing the foreign body, the patient was immediately taken to the local hospital. A CT examination was performed at the local hospital approximately half an hour later (page 4 line 86-87). Considering the seriousness of the condition, the patient was taken to our hospital for treatment and a CTA examination was performed approximately 4 hours after the onset of the illness (page 5 line 93-94). After a multidisciplinary consultation, surgery was performed approximately 10 hours after the onset of the illness (page 5 line 104-105).

3). The patient had elevated WBC and CRP and dyspnea. You need to explain that patient has not been tested or quarantined for COVID-19.

Response: Thank you for the good question. Nucleic acid results for the novel coronavirus at the local hospital were negative. (page 4 line 82-84).

4). 109/L on line 84 needs correction.

Response: Thank you for pointing the mistake. It has been corrected in the new version (page 4 line 81).

Editor:

1) The authors did not provide original pictures. 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;

Response: Thank you very much for your careful review and evaluation. We have provided original pictures using PowerPoint.

2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: Thank you very much for your careful review and evaluation. We have made proper revision.

3) Please provide the written informed consent of treatment.

Response: Thank you very much for your careful review and evaluation.

We have provided the written informed consent of treatment.