

Dear Editor,

Thank you very much for your letter and advice. We also appreciate the constructive criticisms of the reviewer. This letter explains the changes made to the manuscript 'High-flow priapism due to bilateral cavernous artery fistulas treated by unilateral embolization: a case report' in response to comments by the reviewer. We have carefully revised the manuscript to address the comments raised by the reviewers. A point-by-point summary of all revisions is at the end of this letter.

We hope that the revision is acceptable, and we look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Guo Li,

Department of Radiology,

General Hospital of Western Theater Command.

Response to Reviews

We would like to express our sincere thanks to the reviewers and editors for the constructive and positive comments.

Response to Reviewer #2

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The authors describe a case of high-flow priapism (HFP) due to bilateral cavernous artery fistulas treated by unilateral embolization. However, the number of HFP cases has increased gradually during the past few decades. There are some misdescriptions in the article. I would suggest adding some content into the discussion.

1. Cover Letter: And agree with submission to the Translational Andrology and Urology? Please check it out.

Answer: We apologize for this mistake due to our carelessness; it should be amended to “And agree with submission to the *World Journal of Clinical Cases*”.

2. Case presentation: There are two laboratory examinations, the first one needs to be replaced with ‘history of past illness’. The content is exactly the same as ‘personal and family history’ and ‘history of past illness’. Please check it out.

Answer: We have revised the appropriate content, including laboratory examinations, history of past illness and personal and family histories.

3. Is the patient still married? You might want to consider adding it in case presentation section.

Answer: This patient plans to marry his girlfriend in the near future, and his girlfriend has indicated that she does not mind his medical history. These have been added to the case presentation section.

4. Physical examinations: The preinjury sexual function assessment on the 5-item version of the International Index of Erectile Function (IIEF-5) was 24. However, in the outcome and follow-up section, the assessment of sexual function was as follows: preoperative data (IIEF-5:25, EHS:4). Please check it out.

Answer: The assessment of sexual function was as follows: preoperative data (IIEF-5:24, EHS:4), which we have modified.

5. Outcome and follow-up: Figure 4D should change to Figure 3D.

Answer: We have modified it.

6. Color Doppler ultrasonography (CDUS) is recommended to replace ultrasound Doppler (CDUS) for expression.

Answer: Ultrasound Doppler (CDUS) in the text has been replaced by color Doppler ultrasonography (CDUS).

7. Figure G, H, E and F are not necessary, I suggest deleting them.

Answer: We apologize for not choosing to delete these figures. Although they are not necessary for the clinical setting, these special imaging or postprocessing modalities (CTA, MIP and MRI) in terms of medical imaging can provide more imaging information (or otherwise).

8. Figure 1A, 2B, 2C, 2D and 3 do not need to be listed in the discussion section.

Answer: The purpose of listing the above pictures in the discussion section is to better explain why arterial embolization was performed with a microcoil (1 mm) combined with gel-foam particles (750-1,200 μ M) at the proximal position of the right penile dorsal artery.

9. In addition to conservative treatment and embolization, a few scholars have proposed androgen blockade for the treatment of HFP. Superselective embolization is the treatment of choice for HFP if conservative measures fail. Please focus this issue and discuss how to choose the appropriate treatment options.

Answer: We have added androgen blockade and surgery for the treatment of HFP in the discussion section and the manner of choosing the appropriate treatment options.

10. Langenhuijsen et al. (27) believe that bilateral embolization is indicated when unilateral treatment does not result in detumescence of the penis. Č echová et al. (28) hold the view that when no further embolization was possible, they propose a conservative approach after embolization even though the fistula was still present. In addition, Kuwahara et al. reported 'high flow priapism after perineal trauma, successfully treated by unilateral embolization of the internal pudendal artery: a case report'. In which situations should we perform contralateral embolization, please discuss with reference to the above literature.

Answer: We provided a supplementary discussion of the abovementioned information in paragraph 4 of the discussion section.

Kuwahara et al. reported 'high flow priapism after perineal trauma, successfully treated by unilateral embolization of the internal pudendal artery: a case report. In this case report, this patient had HFP due to a unilateral cavernous artery fistula, which did not correspond to our case of bilateral cavernous artery fistula leading to HFP (right Figure). Therefore, we did not add a discussion of this case report.



Response to Reviewer #1

Scientific Quality: Grade B (Very good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors reported the first case of successful treatment of HFP by unilateral embolization for bilateral cavernous artery fistulas. The authors should clarify some contents in the manuscript.

1.page5,line 3," chief complaint "is not commonly used.

Answer: Thanks very much for the comments on our paper. “Chief complaints” is a fixed section in CASE PRESENTATION in the *World Journal of Clinical Cases*, we may not be able to change it.

2.there are two"laboratory examinations"in page 5 and page 6.please delete one.

Answer: The first "laboratory examinations" has been deleted.

3.There is incorrect spelling in page 6 line 2(the)

Answer: The mistake has been corrected.

4.Page 2 line 28,"We"should in low-case,please correct it.

Answer: The mistake has been corrected.

5.page 7,line 18,"the patient did not experience recurrent erection"the sentence is vague,please clarify.as well as page 10,line 12

Answer: The sentences have been revised as “the patient did not experience recurrent abnormal persistent erection”.

6.in conclusion part."Selective contralateral embolization is important for patients who do not respond to postoperative conservative treatment"the meaning is vague,please correct it.

Answer: According to the reviewer’s suggestions, this sentence has been revised as “Unilateral arterial embolization could be an alternative method for patients who do not respond to postoperative conservative treatment and have strongly requested postoperative sexual function recovery.”

Dear Reviewer,

Thank you very much for your comment and constructive criticisms. We would like to express our sincere thanks to the reviewers and editors for the constructive and positive comments. We have carefully revised the manuscript to address the comments raised by the reviewers. A point-by-point summary of all revisions is at the end of this letter.

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With best wishes,

Yours sincerely,

Guo Li,

Department of Radiology,

General Hospital of Western Theater Command.

Response to Reviewer

1. Abbreviations are typically defined the first time the term is used within the abstract and again in the main text and then used exclusively throughout the remainder of the manuscript. Please consider adhering to this convention. Ultrasound Doppler (CDUS) in the text has been replaced by color Doppler ultrasonography (CDUS). Color Doppler ultrasonography (CDUS) also revealed an arterial flow that was characterized by a high flow with high resistance and irregular biphasic bidirectional flow (Figure 1C). It should be like this.

Answer: Thanks for your reminder, we have modified these.

2. This patient plans to marry his girlfriend in the near future, and his girlfriend has indicated that she does not mind his medical history. These have been added to the case presentation section. I didn't see what was added to the case presentation section.

Answer: This patient plans to marry his girlfriend in the near future, and his girlfriend has indicated that she does not mind his medical history. These have been added to the 'OUTCOME AND FOLLOW-UP'.

3. Unilateral arterial embolization could be an alternative method for patients who do not respond to postoperative conservative treatment and have strongly requested postoperative sexual function recovery. Is it postoperative conservative treatment? You need to clarify this.

Unilateral arterial embolization can be an alternative method for patients who have strongly requested postoperative sexual function recovery.

Answer: Unilateral arterial embolization is the interventional treatment modality of choice for patients who strongly demand postoperative sexual recovery. Most often, interventional embolization for HFP should be performed after conservative treatment has no demonstrable effect.

