

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Clostridium perfringens Gas Gangrene Caused by Closed Abdominal Injury: A Case Report and Literature Review" (ID: 77328). We were pleased to have the opportunity to revise our manuscript, and greatly appreciated the helpful comments provided by editors and the reviewers. We agree to the raised points, and all of the comments have been fully taken into account in this revised version of the manuscript.

We have responded to the comments of the reviewers point by point in the following pages and have revised the manuscript accordingly.

All authors have read and agreed on the final version of the manuscript. This manuscript has not been published in whole or in part, and it is not being considered for publication elsewhere.

We are grateful to you and the editorial staff for the review and handling of our manuscript. Likewise, we appreciate the reviewers' time spent reviewing our manuscript.

Yours sincerely,

Xiaodi Zhang

E-mail: zhangxd215@163.com.

Responds to the reviewer's comments:

We greatly appreciate and agree with the reviewer's excellent suggestions, which will be very helpful to improve the integrity and quality of our manuscript. As recommended, we have revised the manuscript accordingly. The point-by-point responses/revisions are as follows.

Reviewer #1:

Major Comment 1. It would be beneficial if the introduction is a little shorter and only focuses on the presentation of the case 2. It would be useful to detail the medical/surgical/family/psychosocial/pharmacological history of the patient 3. Detail the immediate postoperative course. Were there complications during or after surgery? What was the operative time? Did the patient receive blood transfusions? 4. It would be convenient to detail the post-surgical control and follow-up. 5. In the discussion they do not mention other cases reported in the literature, contrasting the findings of this one with the rest. 6. It would be better to mention that it makes this case unique with others reported in the literature. 7. It would be much more interesting if they did a review of the literature and put together a table with similar cases so far.

Response: We thank the reviewer to raise this important issue. Your opinion has benefited us a lot and opened up new ideas. Abdominal gas gangrene is a rare disease, which happens more with open abdominal trauma or post-surgery, and spontaneous gas gangrene is commonly seen in immunosuppressants. Nevertheless, intra-abdominal gas gangrene caused by *Clostridium perfringens* infection after closed abdominal injury is extremely rare. According to our limited knowledge, we are the first to successfully apply open abdomen and Bogota bag + VSD in the treatment of intra-abdominal gas gangrene. This explores a new possible way to treat similar cases and reduce mortality in the future. According to your opinion, we have made some changes.

Reviewer #2:

Major Comment 1. How comes this patient died of GBS after surviving this dreaded infection that might have killed him faster than GBS. Is there no ICU services in the medical site? 2. I really commend your effort in dealing with the Gas Gangrene infection, congratulations for being the first to use Bogota bag successfully. 3. What do you think has lead to respiratory failure development following GBS?

Response: We absolutely appreciate the reviewer for pointing this important issue. In the manuscript, we have added a description of the treatment after GBS.

Reviewer #3:

Minor comment 1. in all cases of relaparotomy you used on-demand and not planed. It is necessary to explain this fact in discussion section. 2. it is necessary to describe more accurate which type of surgery you made on 10th postoperative days, when you detected jejunal necrosis and perforation. 3. what means: "Transverse colon necrosis was repaired"? 4. there are many grammar error in the article..

Response: We greatly appreciate the reviewer's important comments, and we have added the description of the repair of the transverse colon in the article.