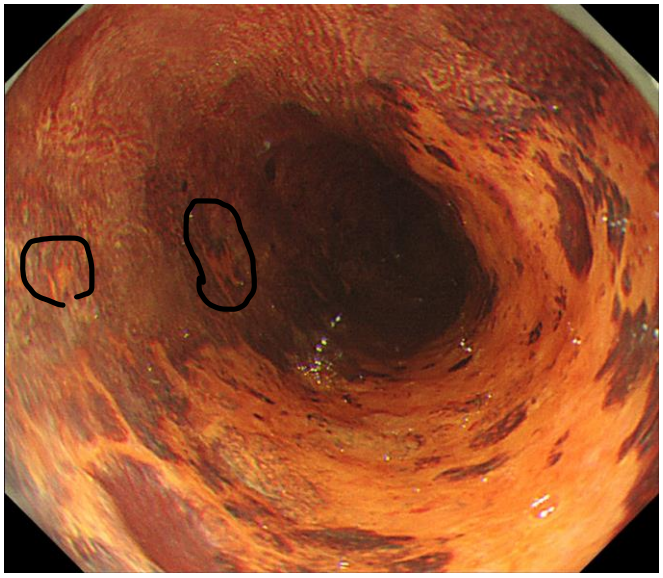
Answering Reviewers

Reviewer #1:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: The authors reported a treatment method for esophageal stricture after endoscopic treatment. I have following concerns.
1. Please describe the details of treatment for esophageal stricture. I think it would be helpful for the reader if there was a description of the device used for the incision, the type and amount of steroid, and the timing and frequency of balloon dilations.

Answering: As the patient suffered from severe dysphagia, we ultimately decided after approximately two and a half months to perform an RIC. This was done using an Olympus IT Knife 2, KD-611L, and an ERBE VIO 200 S high-frequency Selectrical cutting device. This was done to remove the scar tissue together with expansion treatment to fully open the stricture ring, after which an 80-mg (2 ml) Triamcinolone Acetonide steroid injection was administered at the stricture surface and surrounding mucosa to prevent scar formation (Figure 1A,2B,3C).
2. Please indicate whether the site of stenosis was covered with a stent.

Answering: The site of the stricture was covered by the stent

Reviewer #2:
Scientific Quality: Grade D (Fair)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors: The widespread use of esophageal ESD has enabled endoscopic treatment of extensive intramucosal esophageal squamous cell carcinoma. However, as described by the authors, post-ESD stricture is still a problem. In fact, refractory stenosis after ESD can reduce the quality of life of patients. This is an interesting case report of refractory esophageal stricture after ESD. However, I have some concerns. Major 1. In Figure 2, the circumference of the lesion appears to be about 1/2 circumference. Figure 4 shows that the mucosal defect is not so extensive. Therefore, it is necessary to consider the reason for the refractory stenosis in this case.



Answering： including a small non-stained area， May be 2/3 circumference.

This patient could not exclude the possibility of hyperplasia and stenosis caused by postoperative stent stimulation on the wound .

2. Explanation of endoscopic treatment after stenosis occurs is lacking. What type and size of stent was implanted, and by which company? Also, what type of endoscopic bougie dilation was performed? Details should be described.

Answering： Five days after ESD, a silicone-coated esophageal stent system (Micro-Tech [Nanjing] Co., Ltd) was implanted; the stent length was 120 mm with a diameter of 20 mm) (Figure 1B).

bougie dilation：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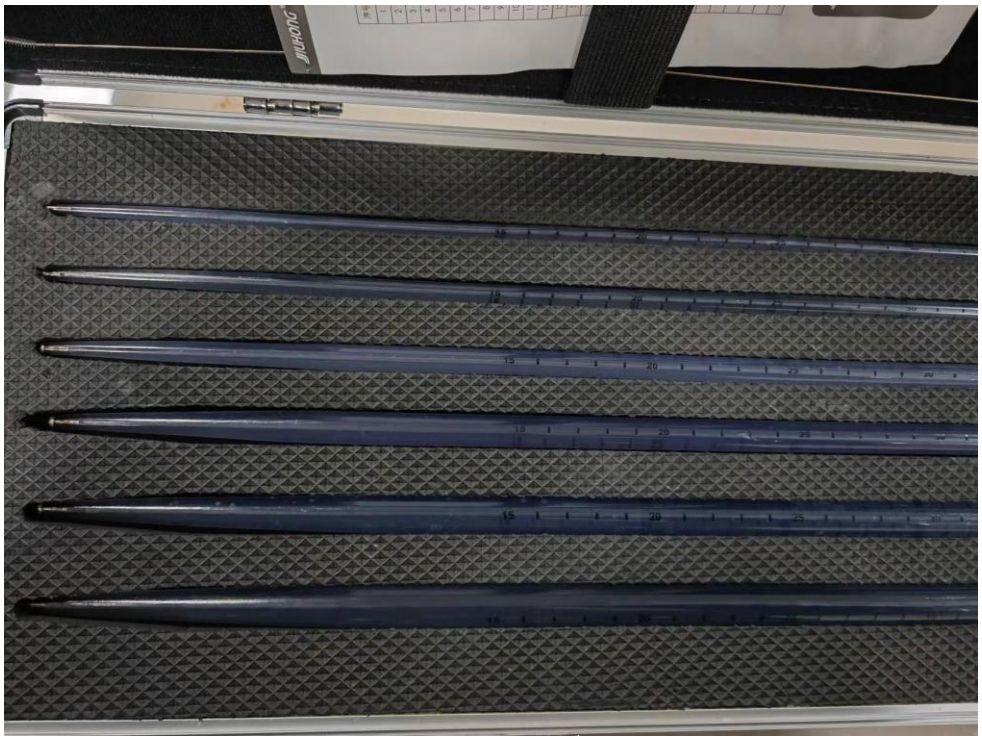

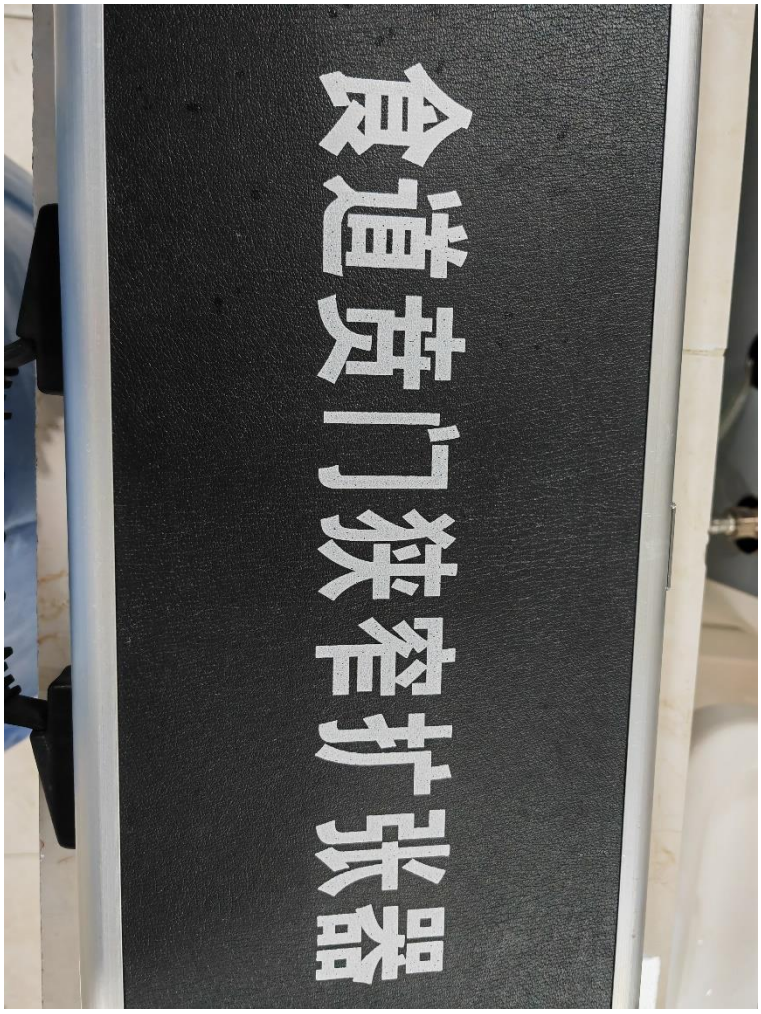

3. You use the term "ERI", but the first report was "RIC (radial incision and cutting)". Priority of the terminology should be emphasized. The first report of RIC is as follows. Muto M, et al. Usefulness of endoscopic radial incision and cutting method for refractory esophagogastric anastomotic stricture (with video). Gastrointest Endosc. 2012; 75: 965-72. This paper should be cited and "RIC" should be used.

Answering： The relevant content and references have been revised.

4. There are some duplications in the content of the case presentation, such as endoscopic findings of the lesion before ESD. Duplication should be avoided.

Answering： The picture of white light endoscope has been deleted

Minor 1. What kind of method does the author refer to as "endoscopic bougie dilation"? Is it different from endoscopic balloon dilation?

Answering： The previous picture has been shown.Endoscopic bougie dilation better for narrow ring tear probing bar expansion technique in harder blemishes.The effect was better than balloon dilatation in scar stenosis.It can effectively open and release scar tissue and muscle fibers.

2. CEA and CA19-9 are presented in the laboratory examination. However, SCC and CYFRA should be measured in squamous cell carcinoma.

Answering： Manuscript have been revised

3. The longitudinal length of the lesion before treatment and the longitudinal length of the mucosal defect after ESD should be noted.

Answering： Before treatment of about 7 cm；The longitudinal length of the mucosal defect after ESD was about 8 cm.

4. Figure 4 cannot be seen immediately after ESD. How many days after ESD is this image taken?

Answering： Five days after ESD

5. How many months after ESD was the combined treatment, including RIC, performed?

Answering： About two and a half months.

6. The term "hormone injection" is used in the TREATMENT. However, the term "steroid injection" should be used. What kind and how many mg of steroid was administered?

Answering： 80-mg (2 ml) Triamcinolone Acetonide steroid injection was administered at the stricture surface and surrounding mucosa to prevent scar formation.

7. Errors in the References are conspicuous. References 12 and 16, 13 and 18, 14 and 17, and 15 and 19 are duplicates.

Answering： The references have been revised.

Reviewer #3:
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Major revision
Specific Comments to Authors: The authors report a case of improvement of refractory stricture after esophageal ESD by combining the RIC technique and balloon dilatation with localized steroid injection. Esophageal ESD stricture is not only extremely distressing to the patient, but also sometimes to the endoscopist, and although many preventive measures for post-ESD stricture have been reported, mainly steroids, the best treatment for patients with stricture is still unknown. However, we still do not know what is the best treatment for patients with stenosis. This case report may have some value as a possible solution. However, similar methods have been tried at many institutions, so the novelty of this case report is not so high. The following are comments. 1． Please describe how long and what dose of oral steroids were taken after ESD

Answering： the patient was administered oral 30 mg prednisone acetate tablets for 3 days after surgery with a gradual reduction over 8 weeks.

2． I don't think it is standard practice to place esophageal stents first to prevent stenosis after ESD. Please describe the reason why the stent was placed first.

Answering： After discussion of the methods for preventing postoperative stricture, family members and patients requested stent implantation.

3． The authors refer to ERI, but Ref 16 and 17 report a technique called RIC. If they are the same, the terminology should be unified. Also, please be more specific as to which instrument was used to perform the RIC.

Answering： The manuscript has been revised

4． In the Treatment section, what is a hormone injection? What is it? If it is a steroid injection, please describe how much dose was injected.

Answering： 80-mg (2 ml) Triamcinolone Acetonide steroid injection was administered at the stricture surface and surrounding mucosa to prevent scar formation (Figure 1A,2B,3C).

5． In the Treatment section. I think "Select" is a typo, not "Elect".

Answering： The manuscript has been revised