Response to reviewers

Dear editor and reviewers:

Thank you for offering us an opportunity to improve the quality of our submitted manuscript (NO: 79525). We appreciated very much the reviewers' constructive and insightful comments.

We have carefully considered the suggestion of Reviewer and make some changes. We have tried our best to improve and made some changes in the manuscript. We hope the revised manuscript has now met the publication standard of you journal.

On the next pages, our point-to-point responses to the queries raised by the reviewers are listed.

Reviewer #1

Comment 1: I found no justification whatsoever for starving the patient for 7 days and placing him on TPN.

Response: Since we did not express it clearly, we are sorry for your understanding. We did fast the patient for 7 days, which is a little conservative. We considered that the patient underwent endoscopy after enema in the case of intussusception, and the bowel preparation was inadequate. In addition, the giant polyp led to a large wound and the inflammatory index was increased after endoscopic surgery. Therefore, we worried that the wound edema and premature eating would lead to obstruction and wound dehiscence. So the patient start on a liquid diet until the patient's abdominal pain was completely relieved, and inflammatory markers and bowel sounds were generally normal. According to your suggestions, we consulted the literature again, as shown in Table 3 of Sha L et al., fasting and hospital stay for large polyps will be prolonged (Doi:10.1007/s00464-019-07311-x). Because of the condition of this patient and the size of wound, we made a conservative decision, which also provided us with experience and lessons for the endoscopic treatment of giant polyps in the future, and we will shorten the length of fasting and the length of hospitalization. We have changed the controversial points so as not to mislead readers (in the section of "TREATMENT", P6).

Comment 2: Similarly, I find hospital stay of 10 days is very long and defeat the purpose of minimally invasive endoscopic techniques.

Response: We're sorry for the confusion. The patients did stay in the hospital longer than usual for endoscopic surgery. However, the size of the polyp and the size of the wound were the important factors affecting the hospitalization time. Based on the patient's condition and possible complications, we prudently extended his fasting time and hospital stay. However, compare with surgery, EFTR has the advantages of more efficient, less trauma, less cost, and others, which I have added to the discussion(P7-8). We do think that EFTR provides a treatment option for the clinical removal of giant polyps .

Comment 3: The discussion is very long and mostly descriptive of SHP. It should concentrate on literature review of colonic SHP not the gastrointestinal tract SHP.

Also, it should discuss the advantages and complications of endoscopic resection of such lesions. Also, discuss why the length of stay was long in this case.
Response: Thank you for that excellent and insightful series of remarks. We have adjusted the content of the 'discussion' to a discussion of colon SHP and EFTR. At the end of the discussion, the length of stay and the reasons were described.

Comment4:From the literature search you performed, there are 5 colonic SHP cases, your discussion should concentrate on reviewing those cases only and exclude all the others. Summarize the presentation, the size, the histopathology, length of stay (vs. your case), complications, and follow-up.
Response: We have adjusted this section, and summarize the presentation, the size, the histopathology, complications, and follow-up (in the section of “DISCUSSION”, P6-7). However, the length of hospital stay was not mentioned in these case reports, so we did not discuss it.

Comment5:Under Background: you should mention the reason for reporting this case at the end of the section. Also, the sentence "According to our literature review, ours may be the first reported case of SHP in the descending colon." has no place in the beginning of this section and should be mentioned after stating that colonic SHP is extremely rare. Also, change the word (According to our literature review, ours may be the first reported case of SHP in the descending colon. events) to (complications).
Response: We have adjusted this paragraph as you advice. Firstly, we have added the reason for reporting this case at the end of the section. Secondly, because you disagree with our statement that this is the first case as other colonic SHPs were reported, We deleted the sentence "According to our literature review, ours may be the first reported case of SHP in the descending colon." instead of moving it. However, we did not find SHP growing in the descending colon when we consulted these two databases. Thirdly, We had changed ‘events’ to ‘complications’.

Comment6:Under Physical Examination: I am very surprised that a mass was felt unless there was an intussusception at the time. Please, elaborate.
Response: Patients do have intussusception, which we mentioned in the section of 'Imaging examinations' (P5).

Comment7:Change (enteric cavity) to (colonic cavity).
Response: We have change ‘enteric cavity’ to ‘colonic cavity’.

Comment8:Under treatment: what was meant by (active perforation)? please, elaborate for clarity. Also rephrase sentence (mass was obstructed at the anus). You may opt to mention that it was difficult to pass the resected polyp through the anal canal, instead. Also rephrase (the remaining gastric and intestinal tracts were explored by endoscopy) to better scientific English.
Response: The word 'active perforation' may be used too colloquially, but my intention

was to have a full-thickness resection the mass associated with the lesion. And we have rephrased these sentences.

Comment9:Please mention the name and dose of antibiotics given.
Response: We have added the name and dose of antibiotics (in the section of "TREATMENT",P6).

Comment10:The follow-up period is short (3 months). Were there any symptoms associated with narrowing?
Response: The patient presented occasional constipation at the re-examination 3 months after the endoscopic surgery. Recently, colonoscopy was performed again nine months after the patient's endoscopic surgery. The colonoscopy indicated that his stenosis was significantly better than before, and shallow ulcers all disappeared. The patient has no constipation or other symptoms. We have added it at this section (P6).

Comment11:The images are not labelled, and more information is needed in the legends.
Response: We have added the labelled and information.

Comment12:Stains and magnification are not mentioned in the pathological slides.
Response: We have added these to the bottom of the picture.

Comment13:In the last paragraph of the Discussion, what is meant by (..used endoscopy to reset the intestine.). Please clarify.
Response: I am sorry that this sentence was not clear in the original manuscript. We wanted to show 'excision of the polyp to improve colon patency.' This sentence is so misleading that we have removed it.

Comment14:In the Conclusion, delete sentence (We removed an 18-cm giant, tipped polyp using the EFTR technique.).
Response: We have deleted sentence as you suggestion.

Reviewer #2
Comment 1: Major points If you would like to emphasize the usefulness of full-thickness resection, you should show the techniques in the endoscopic maneuvers more precisely including photo images and compare the safety and efficacy between this procedure and the LECS. If you would like to emphasize the rarity of this disorder, you should more precisely explain the pathological findings.
Response: Thanks for the comments. We want to show the usefulness of full-thickness resection. We have added pictures, we think these pictures are enough to show the whole process of EFTR. In addition, we discuss the advantages and disadvantages of endoscopic techniques over surgery and LECS(in the last paragraph of "DISCUSSION", P7-8).

Comment 2: Minor points P2 Hamartomatous polyp consists of four major subtypes such as juvenile polyps, PJ polyps, Cronkhite-Canada syndrome, and PTEN hamartoma syndrome. Hamartomatous polyp can be often seen in the colon. And in the hamartomatous polyps, juvenile polyp can highly be solitary. Therefore, your expression "ours may be the first reported case of SHP in the descending colon" is incorrect.

Response: Thank you for pointing out the mistakes. We have deleted the sentence "According to our literature review, ours may be the first reported case of SHP in the descending colon.".

Comment 3: The word "present" is a transitive verb, so the expression "A 47-year-old man presented to our hospital after experiencing hypogastric pain and constipation for over 15 days" is strange.

1) **P4 What's the meaning of "their discharge"?**
2) **P7 Why do you use the technical term of "hamartoma polyps" in the page?**
3) **Fig.2 Which findings suggest intussusception?**

Response: Thanks for the comments. Firstly, we have changed the sentence "A 47-year-old man presented to our hospital after experiencing hypogastric pain and constipation for over 15 days" (in the section of "Chief complaints", P4). Secondly, thank you for pointing out the mistakes, we have changed the sentence to "At the time of discharge, the patient had no abdominal pain." Thirdly, " hamartoma polyps" and "hamartomatous polyps" mean the same. To be constant, we have changed the phrase" hamartoma polyps" to "hamartomatous polyps". Fourthly, we consulted the imaging doctor again, and he said that the intussusception of this patient was not obvious in a single image, and it needed a series of images together to find it. So we changed the picture to show SHP. Thank you for pointing out the mistakes again!

We tried our best to improve the manuscript and we appreciate for editors and reviewers warm work earnestly, and hope that the correction will meet with approval.
Once again, thank you very much for your comments and suggestions.

Your sincerely
Shuo Zhang
On behalf of all the co-authors