

Point-by-Point Responses to Reviewers' Comments

Reviewer # 1:

Q1: The paper needs extensive grammar and spelling checks.

Response: We thank the reviewer for the suggestion. This manuscript was reviewed by a professional English language editing company to meet the publishing requirements of the manuscript; a new language certificate is provided together with the revised manuscript.

Q2: It is recommended to include treatment method about the title.

Response: We thank the reviewer for the suggestion. We have added treatment measures to the title so that readers can quickly understand the topic of our manuscript.

Title: Continuous positive airway pressure for treating hypoxemia due to pulmonary vein injury: a case report

Q3: Old references are over cited. Many recent publications have not yet been included in the considerations.

Response: We thank the reviewer for the suggestion. We have replaced reference 6. Reference 5 is a classical reference, and widely recognized; therefore, we decided to retain it. In the future, we will try to refer to more recent research.

References : 6 Kartal M, Goksu E, Eray O, et al. The value of ETCO₂ measurement for COPD patients in the emergency department. Eur J Emerg Med. 2011;18(1): 9-12.
[DOI: 10.1097/MEJ.0b013e328337b9b9] [PMID: 20224417]

Q4: It is not clear whether the treatment involves drug adjuvant treatment, if any, should be supplemented.

Response: During treatment, we did not use drugs to improve patient oxygenation. We only used vasoactive drugs to maintain the patient's blood pressure as mentioned in the manuscript (page 6, line 3).

Q5: Accidents may take place in treatment. In the discussion section, the authors should add a paragraph about remedies for accidents that may occur during treatment

Response: We thank the reviewer for the suggestion. Accordingly, we have described possible remedies for accidents in the first paragraph of the discussion (page 7, line 19-23).

Changes: This case required accurate control of CPAP pressure due to the fact that excessively low CPAP pressure would not have improved oxygenation and excessively high CPAP would have caused lung expansion, affecting the surgical procedure^[4]. The anesthetic machine APL valve was used for pressure adjustment and a pressure sensor was added to continuously monitor the CPAP in real-time (Figure 5).

Reviewer #3:

Q1: Introduction: The second and third sentence appear to be “case summary”. As an introduction, the authors may present the severity of this challenging medical condition and importance of rapid intraoperative care.

Response: We thank the reviewer for the suggestion. We have modified the Introduction accordingly.

Changes: The esophagus is adjacent to major blood vessels such as the aorta and pulmonary vessels. Injury to these blood vessels during thoracoscopic surgery for esophageal cancer is a rare but life-threatening complication, which can lead to severe hypotension and hypoxemia. Thus, anesthesiologists need to provide rapid and effective treatment to save the affected patient's life.

Q2: Figure 1: Kindly add more annotations of anatomy to the image.

Response: We thank the reviewer for the suggestion. We have annotated the anatomical location of the esophagus and heart in Figure 1.

Q3: Figure 2: Kindly add more annotations of anatomy and instruments to the image.

Response: We thank the reviewer for the suggestion. We have annotated the anatomical location of the bronchial blocker, carina, and left main bronchus in Figure 2.

Q4: Figure 3: A well decorated schema. Was that partially quoted from some textbook/articles?

or the authors' original work?

Response: We thank the reviewer for the suggestion. Figure 3 is our original work. We have identified it according to journal requirements.