

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Treatment of Breast Abscess in Lactation Period with Gualou Xiaoyong Decoction and Painless Lactation Manipulation: A Case Report and Literature Review" (ID: 82177). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. Response to comment: (The bacteria in the milk were always cultured (Staphylococcus aureus and Staphylococcus epidermidis alternated),there is no record about the infant after eating the contaminated milk.)

Response: The part of discussion and literature review explained the breast-feeding problem of infants. (Line 215-221)

2. Response to comment: (The treatment course last from August 31 to October 17, I don't think it's a short course)

Response: Postpartum breast abscess is a common and intractable disease in clinical practice. In this case, the patient received a non-invasive treatment. On the second day of treatment, the breast mass of the patient was significantly reduced, the pain was significantly reduced, and the general asthenia was improved; All conscious symptoms disappeared after 3 days, breast abscess disappeared after 12 days of treatment, inflammation image disappeared after 27 days of treatment, and breast returned to normal lactation image. This is a relatively short treatment cycle for the treatment of breast abscess, and our treatment method has no trauma, only requires outpatient oral drug treatment, the patient does not need hospitalization, surgery, and no pain. (Line 222-229)

Reviewer #2:

1. Response to comment: (No echo or CT images. Please add the figures and figure regents)

Response: B-ultrasound images have been added. Please see Figure 1 for details. (Line 143)

2. Response to comment: (List and summarize the characteristics of other similar cases and add a new table explaining their cases.)

Response: We sincerely thank the reviewer for careful reading. As suggested by the reviewer, we have added a new table explaining their cases. (Line 419)

3. Response to comment: (The description of the course of treatment in this case and changes in images before and after treatment is too long. Please shorten them.)

Response: Thank you for pointing this out. The reviewer is correct, and we have shortened the description of the course of treatment in this case and changes in images before and after treatment.

4. Response to comment: (Is this the only one case of combined therapy, Gualou Xiaoyong Decoction with breast massage for breast abscess? If so, this treatment cannot be said to be effective. Especially if you worry about the effectiveness of antibiotics. Please dispute this matter.)

Response: This is not the only case of mastitis treated with Gualou Xiaoyong Decoction combined with painless milking manipulation. In the past three years, we have treated more than 130 cases of mastitis with this method, including 4 cases of breast abscess, and the clinical effect is very good.

5. Response to comment: (If there are other effective herbal remedies besides guaro decoction, please list them and add a new description. Add a new table summarizing them.)

Response: Gualou Xiaoyong Decoction is an empirical formula for treating breast abscess. Other effective Chinese herbal formulas are still lack of large sample confirmation, so we cannot be listed.

6. Response to comment: (It is described that as a result of isolated culture and drug susceptibility testing from breast abscesses, these bacteria were found to be resistant to penicillin and cephalosporin antibiotics. Please confirm whether this is the culture result before administration of antibiotics or the result after administration.)

Response: According to the reviewer's comments, we have added the table 1.

7. Response to comment: (The following article states that percutaneous drainage is effective. I think that Chinese medicine and breast massage lack scientific evidence. Please add a sufficient counter-argument for this published manuscript. This is very important. Int J Environ Res Public Health 2022;19(9):5762)

Response: Fine needle puncture is effective in the treatment of breast abscess, but it often requires multiple puncture treatments, and patients feel pain and trauma, and need to cooperate with antibiotic treatment. However, through milk culture, we found that most of the bacteria in the milk were staphylococcus and streptococcus, and these bacteria were often resistant to antibiotics (penicillin and cephalosporins) that could be used in lactation, so it was invalid to use these two types of antibiotics at this time. Aminoglycosides or quinolones antibiotics are often sensitive to this kind of bacteria, but these two kinds of drugs are not suitable for lactating women. (Line 236- 246)

8. Response to comment: (Why is infused tea effective? There is a description about the reason, but it lacks scientific basis. Please provide any other scientific analysis or experimental results demonstrating the efficacy of the infusion.)

Response: Thank you for pointing this out. We have provided scientific analysis or experimental results demonstrating the efficacy of the infusion. (Line 276-295)

9. Response to comment: (Regarding Table 2: The isolated bacterium is Staphylococcus epidermidis. Is it resistant to antibiotics? For example, please describe penicillin resistance or methicillin resistance.)

Response: The isolated bacteria were Staphylococcus epidermidis or Staphylococcus aureus. They were resistant to penicillin and cephalosporins.

10. Response to comment: (Table 1. and Table 2.; Are their really necessary? I think it's not necessary, because the information they provides is very small. Please delete them.)

Response: Thank you for your nice comments on our article. According to your suggestions, we have deleted the previous Tables 2 .

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.