

Dear Editor-in-Chief

First of all, thanks for your work and consideration for our manuscript. We have revised our report according to the reviewers' advice (red color part in our report). The answers to the reviewers are the following:

Reviewer #1:

This is a case report study which introduced a patient with gastric fistula treated with endoscopic titanium clip closure. This is an interesting report. However, there still are some problems.

1. The characteristics of the case should be described more detailed and summarized in a table.

Answer: We have added that "When the patient ate, he would feel severe abdominal pain and the food drained out of the drainage tube, so he had not been able to eat after splenectomy" in Page 4 (red color part) and "An abdominal B-ultrasonography examination revealed a limited effusion (about 200 ml) in the splenic fossa area (Figure 1A)" in Page 5 (red color part). We think that summarizing these details in a table is too complex, so we do not use a table.

2. Before endoscopic treatment, what kind of treatment the patient received? Please state.

Answer: Our manuscript has stated that "After more than a week of anti-infective treatment and nutritional support, the fistula did not heal,

which was confirmed by oral methylene blue examination Thus, we attempted to carry out endoscopic titanium clip closure of the gastric corpus fistula for approximately 30 min (Figure 3A and B) ” in Page 6.

3. In the part of discussion, the advantages and indications of endoscopic titanium clip closure should be mentioned.

Answer: We have added that “Our present report indicates that the key to successful endoscopic titanium clipping of the fistula is that the tissue around the fistula must be "healthy" enough to be held in place by the metal clip. If the tissue around the fistula is fragile or necrotic, the metal clip will not be able to achieve the tissue's alignment.

Therefore, endoscopic closure can be performed for the long term fistula” in Page 8 and 9(red color part).

4. According to the title, the literature review should be included in the manuscript.

Answer: We have added that In review of literature, there are very few reports on endoscopic closure of fistula. Masaya et al^[19] reported endoscopic occlusion using an endobronchial Watanabe spigot was performed to close a long-term esophago-bronchiole fistula after esophagectomy. Tsai C et al^[20] showed that Gastro-gastric Fistula could be closed by using endoscopic Apollo Overstitch system in Page 8 (red color part).

Reviewer #2: Was the endoscopic titanium clip removed. This condition did not explain by authors in this manuscript.

Anser: Because the titanium clip is small, when the fistula heals, the titanium clip would automatically fall off and be discharged from the digestive tract, so it is not described in this article.

Sincerely yours

Pan Wang