

Dear editor and reviewer,

Thank you very much for offering us valuable opinions and comments for our manuscript “Local random flaps for cervical circumferential defect or tracheoesophageal fistula reconstruction after failed gastric pull-up: A case report”. We found many suggestions very constructive and made improvement based on your advices.

We improved our writing in both manuscript construction and content enrichment. Other than that, we addressed your comments with responses below. Again, we really appreciate your efforts in helping us to optimize this paper, and your consideration of our study.

Sincerely,

Xiaolei Wang

Corresponding author: Name: Xiaolei Wang, E-mail: wangxlchcams@163.com

Reviewers' Comments:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: I have appreciated the way in which these cases have been treated and I congratulate with the authors for the good results. Still, improvements are needed. Figures are self-explanatory and very informative. **My remarks are:**

1) The word epinephelos (line 127 and 137) may not be the most appropriate word.

Response: Thank you for your question. We have changed the word “epinephelos” into “turbid” in the new version of the manuscript.

2) In imaging examination CT scan is not mentioned in both cases. I believe that it was mandatory in the first and recommended in the second to exclude possible fluid collection in the mediastinum and in the pleural cavity and to achieve the best assessment of the neck.

Response: Thank you for your suggestion. In the first case, the patient didn't receive CT scan because of the poor overall body condition. We thought that taking him to the CT room may be risky. So, we called for a bedside chest radiograph to exclude fluid collection in the mediastinum and in the pleural cavity. Then, we took him to operation room immediately. In the second case, the patient did receive a CT scan during preoperative examination. We have put all these informations in the new version of the manuscript.

3) At first re-operation, in both cases, it would be appreciated if the authors could specify the surgical approach.

Response: Thank you for such valuable suggestion. We have added this information in the revised paper.

4) There are other many English inaccuracies. For instance line 192 not “ago” but earlier.....

Response: We have sent the revised manuscript to the English editing company to re-polish the manuscript.

5) The first sentence of conclusion should be delete or changed (lines 346-8). It is obvious that the surgeons must do it.

Response: We have deleted this sentence in the revised version.

6) The technique reported has shown good results in these two cases but I would be very prudent in suggesting its use in all the cases in which the gastric necrosis extends below the thoracic inlet. Please change the last sentence of conclusion.

Response: Thank you for your advice. We believe this technique is not suitable for all the cases in which the gastric necrosis extends below the thoracic inlet. So, we used “considerable option” in the sentence. In order not to make readers confusing we have change the last sentence into “Therefore, local random flaps (with a split thickness skin graft) can be used as a considerable option for treating the challenging tracheoesophageal fistula or cervical circumferential gastric necrosis, especially when the necrosis extends below the thoracic inlet, in selected patients.