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Column: Case Report

Title: Severe esophageal injury after radiofrequency ablation – a deadly complication.

Authors: Nurit Katz-Agranov, Moises I. Nevah Rubin

Correspondence to: Nurit Katz-Agranov, MD. The University of Texas Health Science Center at Houston, Houston, TX, United States. Department of Internal Medicine. Houston, TX 77030, USA. 6431 Fannin, MSB 1.150. Houston, Texas 77030. nurit.s.katz@uth.tmc.edu. Phone: +1-713-500-6500; Fax: +1-713-500-6497

Dear Dr. Qi,

We thank you for considering our manuscript for publication. We appreciate the response and feedback, and made the appropriate modifications to improve our manuscript. After thoroughly reviewing the comments made by the reviewers, we have modified our manuscript while taking into consideration the reviewers' suggestion and answering all queries.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Please find enclosed the resubmitted revised manuscript for our case report titled:
Severe esophageal injury after radiofrequency ablation – a deadly complication.
We have also provided all of the required documents as requested:

- ✓ Answering reviewers
- ✓ Copyright assignment
- ✓ Audio core tip
- ✓ Institutional review board statement (institutional exemption), informed consent statement (unobtainable) and conflict-of-interest statement (declared) have all be declared and confirmed in our cover letter, which is signed by the corresponding author and in PDF form.

- ✓ Google Scholar

I would also like to revise the authors list. Author – Nurit Katz-Agranov should be added to the author list as the first author (I was unable to edit the list on the website). Thank you!

Sincerely,

Nurit Katz-Agranov, MD

Point by point responses

Reviewer number 03494132:

The Authors document a case report regarding a serious esophageal damage following radiofrequency catheter ablation (RFCA) for the treatment of atrial fibrillation. The case is well written and documented ichnographically. However, there are some unclear issues regarding the ablation procedure and the post-ablation management:

1. What kind of ablative strategy has been performed? I understand that not only PVI, but also mitral line and posterior box were the complete set of lesions, considering the advanced nature of the arrhythmia. If that is the case, what were the ablation parameters (Watts, temperature, etc…) during posterior wall ablation? Please comment the possibility of potential neighboring structure damage during posterior wall ablation.

   Response: We appreciate the reviewer's feedback and query. We elaborated on the procedure done and the significant parameters that are known to us from the RFA procedure that our patient underwent. Unfortunately esophageal temperature monitoring was not recorded. Details are bolded in the revised paper, rows 81-86. We added further detail regarding potential injury to neighboring structures, rows 108-115.

2. The Authors have to be congratulated for their fast and prompt identification of such a tremendous event. As already acknowledged by the Authors in the discussion section, early diagnosis has a significant impact on patients' prognosis. However, despite having properly identified the origin of the problem, no action either endoscopic or surgical was performed to save the patient's life. It is well known that this type of injury is potentially lethal, so I am quite surprised as no invasive action, even though risky, has been attempted. I believe that in these cases, considering the high probability of a deadly course, an aggressive

treatment, although very complex, should be advised. I have no further comments.

Response: We agree with the reviewer that our patient's injury was life threatening, necessitating prompt identification and treatment. As we stated in our case the patient was initially treated with conservative management which included antibiotics, TPN and bowel rest. The patient at that time was critically ill and unstable to undergo any surgical intervention. Due to lack of response to conservative treatment and persistent perforated ulcer on follow up endoscopy, the patient underwent yet another endoscopy (a third endoscopy) in which placement of an esophageal stent was pursued but was unsuccessful, after which the patient showed no clinical improvement. At that point the patient and his family requested that no other interventions be done and opted for treatment with comfort measures only, this due to the patient's clinical condition and underlying comorbidities. We emphasized this in our case bolded in rows 98-106.

Additionally we added to our discussion further details about the treatment options for esophageal perforation, which range from conservative medical management to invasive procedures, including endoscopic stenting and various surgical procedures. We elaborated on the controversies associated with management options and emphasized the need for further studies to develop a gold standard for treatment. Please see bolded rows 141-165 in revised manuscript.

Reviewer number 03253495

1. Interesting and well-written report. I do not have claims to do.

   Response: We thank the Reviewer for his comment and for taking the time to review our manuscript.

Science editor comments:

- Institutional Review Board (IRB) statement. The ethics approval document(s)/letter(s) must be provided in a PDF format, and each statement must also be mentioned as a footnote in the manuscript text.

  Response: Case reports at our institution are exempt from review and approval by the ethics committee. We included this information in our Cover letter and mentioned this as a footnote in the manuscript itself.

- After the core tip section, science editor requested: Please provide all authors abbreviation names and manuscript title here. The abbreviation names should be the same as the copyright. *World J Gastroenterol* 2016; In press

  Response: Abbreviation names were added according to the above request, rows 58-59.

- Comments: The comments provided with clinical case reports should summarize the core contents of the article in one sentence to attract readers so that they could obtain the most important information in the least time. We were asked to provide a "Comments" section, based on a template provided. Response: A comment section was added to the manuscript based on the template provided and it is bolded within the revised document, rows 168-211.

- Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI. PMID(http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed) DOI (http://www.crossref.org/SimpleTextQuery/) (Please begin with DOI: 10.**)

  Response: All references have been edited according to the above guidelines. Reference #8 is not pubmed referenced and #15 does not have a DOI, enclosed is the first pages of these manuscripts.