

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors present an interesting case report, this report demonstrates a new treatment method for diabetic foot ulcers was successful, using angioplasty, skin grafts, and negative pressure. The paper is well presented, case is properly described and discussion is written accordingly. However, there are some minor questions that need to be answered: 1. The author can provide a comparison of cases receiving traditional treatment methods to highlight the advantages of this new treatment method.

Response: Thank you for your valuable feedback and suggestion. We acknowledge the importance of comparing our new treatment method to traditional treatment methods.

The primary methods for wound repair involve skin grafting and flap procedures. For patients with lower limb chronic ischemia, both pedicle flaps and free flaps can result in significant trauma. Pure split-thickness skin grafts, especially in weight-bearing areas, have poor durability. Mid-thickness skin grafts pose challenges in terms of graft survival, particularly in this patient population. The use of artificial dermis alone is associated with high costs and increased patient burden. Therefore, a combination of split-thickness skin grafting and artificial dermis is employed for such patients.

2. A more detailed presentation of the healing process can provide readers with a clearer understanding of the advantages of new treatment methods.

Response: Thank you for your suggestion. We agree that a more detailed presentation of the healing process could provide readers with a clearer understanding of the advantages of our new treatment method.

Wound bed preparation: The wound bed was kept moist with the application of artificial dermis, and regular dressing changes were performed to evaluate the extent of epithelialization. The decision to perform a secondary graft using split-thickness skin or reapply artificial skin was made, particularly in cases involving exposed tendons or areas subjected to mechanical stress. Following

split-thickness skin grafting, an optimal level of moisture was maintained, and the need for additional grafting, or even multiple grafting procedures, was determined based on the viability of the skin grafts.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Dear editor and authors, This paper provides an interesting rare case report which is well presented. This report describes the successful treatment of ischemic diabetic plantar and heel ulcers in a patient undergoing hemodialysis using sequential treatment involving percutaneous transluminal angioplasty, tissue-engineered skin grafts, and negative pressure wound therapy. Some minor concerns should be corrected before acceptance of this manuscript for publication. The author can present more indicators of patients before and after treatment, such as blood glucose levels and creatinine levels.

Response: Thank you for your valuable feedback on our manuscript. We appreciate your positive comments and are glad that you found the case report interesting and well-presented. Regarding your suggestion to include additional indicators such as blood glucose levels and creatinine levels, we regret to inform you that we do not have access to these specific data for the patient in our case report. Unfortunately, due to limitations in data collection, we were unable to obtain these measurements during the course of treatment.

However, we acknowledge the importance of such indicators in assessing the patient's overall condition and treatment outcomes. In the revised manuscript, we will emphasize the need for future studies to include a more comprehensive evaluation, encompassing parameters like blood glucose levels and renal function, to provide a more thorough analysis of the therapeutic approach.

Thank you once again for your valuable feedback. We will make the necessary revisions to address your concerns.