Response and Cover Letter for Manuscript no: 51777

Dear Editor,

Thank you taking the time to review this case report. We are delighted to know that the journal considers our article worthy of publication.

Considering the insightful comments offered by both yourself and the esteemed reviewers, we have revised our manuscript.

Please see the attached comments in the new manuscript with regards to the changes made in response to your comments. A short summary of the changes are also included in this letter.

Response to Reviewer's comment:

Reviewer 1: This is an interesting study. In my view, since the issue may be interesting for the readers unaware about the local circumstances, the Introduction should be with more details, particularly including those mentioned in the Discussion. Then, it would be helpful to define all therapy details, including application of the specific antibiotic(s). Some mentioning about the possible relevance of the patients conditions (age, tumor, etc) could be also added.

Ans: Thank you for your comment. We have added information regarding fishbone ingestion and epidemiology into the introduction to allow readers to have a better idea of the fishbone ingestion. We have also elaborated on the management of this patient. This included:
1. The specific type of antibiotics.
2. Further information regarding his analgesic and inotropic requirements in the immediate post-operative phase in ICU.
3. Placement of jejunostomy tube for feed to prevent further retro-peritonitis.
Additional details about the patient's co-morbid conditions were also added into the manuscript.

Reviewer 2: Weaknesses and deficiencies in the manuscript 1) Authors do not

formulate proposed scientific question 2) The presented case is rare, but not the first example of an upper GI microperforation that results in lower GI symptoms that mimics acute appendicitis

Ans: Thank you for your comment. We acknowledge that no scientific question was formulated. This was deliberately not done as the main purpose of the case report was to raise awareness about unusual pathology and its presentation and the management process that was undertaken by the team. We also acknowledge that our word choice was poor in using this phrase. The phrase “first example of an upper GI microperforation” has now been removed.

Reviewer 3: However, some questions have arisen that I would like to answered: - as you were not able to find the fishbone during laparotomy did you you subsequently perform any kind of study (TC, colonoscopy)? Have you hypothesized that bone migrates and causes problems more distally in the intestinal tract? I think you should adress this question in order to make it more clear.

Ans: Thank you for your comment. We have added a small section on why no further investigation were conducted – this was mainly due to the quick recovery of the patient and the absence of any further complications. We also added the need for further endoscopy should the patient experience any complication relating to the fishbone. In addition, we have also mentioned that the fishbone was hypothesized to have dislodge itself from the bowel wall and had passed through the GI tract without complication. This is supported by the asymptomatic outcome of fishbone ingestion that is noted in most patients as well as the lack of complications that this patient experienced.

We hope that the changes have addressed most of your comments and that it is considered suitable for publication.

Best Wishes,

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