

79423-Answering Reviewers

Reply Reviewer #1:

1. The spacing errors has been corrected.
2. There was little difference in sex and age between patients with SMAS and all surgical patients in the same period,It seemed that sex and age were not risk factors for SMAS. Because some of the 250 patients who did not develop SMAS after surgery had incomplete preoperative imaging data, and to facilitate statistical work for statistical purposes, patients who developed postoperative SMAS were used as the experimental group in this study, and a simple random sampling method was used to select 20 patients who underwent surgery at the same time but did not develop SMAS and received preoperative abdominal enhanced CT as the control group. Several new risk factors for postoperative SMAS have been added to the revised manuscript for comparison.The differences in aortomesenteric angle,distance,BMI,type of lymphadenectomy and surgical approach between the the experimental group and control group were compared.
3. The inappropriate description in the introduction has been modified.
4. The postoperative SMAS cases have been statistically analyzed and presented in a table.
5. The details of the statistic have been described in the method of the main text.
6. The conclusion has been revised to be shorter and clearer.
7. The description of the results contained in the method section of the original text has been deleted and modified.
8. Due to incomplete surgical data and intraoperative imaging, we could not obtain the number of over-cleaning of lymph fatty tissues in 250 patients without SMAS, but compared the type of lymphadenectomy of 6 experimental cases and 20 control cases, probably due to the limitation of the sample size resulting in the lack of strict statistical significance of its conclusions, and stronger evidence needs to be accumulated and observed

in more cases later.

Reply Reviewer #4

1. Title

The original title has been changed.

2. Methods

The method section has been divided more clearly.

Postoperative SMAS following intra-abdominal procedures is extremely rare. In this study, 6 patients who developed SMAS after laparoscopic-assisted radical right hemicolectomy were collected as the experimental group and compared their differences in aortomesenteric angle and distance preoperatively and postoperatively, and 20 patients who did not develop SMAS during the same period of surgery were selected as the control group and compared the following risk factors: preoperative aortomesenteric angle, distance, BMI, type of lymphadenectomy and surgical approach. However, the small sample size may lead to conclusions lacking strict statistical significance, and stronger evidence will require the accumulation and observation of more cases at a later stage.

Three new risk factors of BMI, type of lymphadenectomy, and surgical approach have been added for comparison between the the experimental group and control group.

3. Results

The results section has been readjusted.

4. Discussion

This study discussed 6 cases of SMAS after laparoscopic-assisted radical right hemicolectomy and reviewed the related literature to analyze potential risk factors or determining factors for the occurrence of SMAS. The title has been changed to highlight the research content of this study.

The following is my point-to-point response reports to the additional comments:

- 1.The spacing errors has been corrected.
- 2.Relevant additions have been made to the method in the main text.
- 3.Title changes have been made.

The revised article has been uploaded to the attachment.