

Dear Editor and Reviewers:

On behalf of my co-authors, we are very grateful to you for giving us an opportunity to revise our manuscript. We appreciate you very much for your positive and constructive comments and suggestions on our manuscript entitled "Mesh erosion into the colon following repair of parastomal hernia: A case report and literature review".

We have studied reviewers' comments carefully and tried our best to revise our manuscript according to the comments. The following are the responses and revisions I have made in response to the reviewers' questions and suggestions on an item-by-item basis. Thanks again to the hard work of the editor and reviewer!

### *Response to the comments of Reviewer #2*

**Comment No. 1:** The word "fistula" is often used where it should be "stoma".

**Response:** Thanks to Reviewer for reminder, we revised the words used in the manuscript.

**Comment No. 2:** In the Introduction the sentence "currently, the most common surgical methods: I do not understand the mentioned operations such as "anterior rectus abdominis" and "posterior rectus abdominis". Please briefly explain the different techniques (Sugarbaker, keyhole etc).. Where is the mesh placed (IPOM of preperitoneal/retromuscular etc).

**Response:** This conclusion is quoted from the "European Hernia Society guidelines on prevention and treatment of parastomal hernias". It was intended to briefly introduce the common methods of parastomal hernia repair. But it is not closely related to the main content, and we do not want to spend a lot of space explaining all of the repair method. So we decided to delete this sentence and add an explanation of the IPOM used in our case report.

**Comment No. 3:** In "case presentation" the type of mesh (manufacturer and mesh name) should be stated!

**Response:** Thanks to Reviewer for reminder, we added the description of the mesh used for the patient

**Comment No. 4:** What is a "tee tube" ??

**Response:** I'm sorry for the lack of clarity. We want to say that the tube with one branch, and the patient's bowel was a "T" shape like these pipes. We changed the term to "t-branch tube".

**Comment No. 5:** "leaky intestine" should be "bowel perforation".

**Response:** Thanks to Reviewer for reminder, we revised the words used in the manuscript.

**Comment No. 6:** Table 1 is a mess. Needs completely re-arranging. I do not understand any of the content. Only 56 patients had a history of abdominal surgery

but all 137 patients had mesh erosion?? How were the 81 meshes placed without surgery??

**Response:** We apologize for the failure to produce this table. We have modified the presentation of the table. With respect to the history of abdominal surgery, we wanted to express that 56 patients had a history of abdominal surgery other than hernia repair." These 56 patients were among these 137 patients. We wanted to use this data to suggest that adhesions from other abdominal procedures may have contributed to the erosion of the mesh. We have revised the statement in the article in the hope that it can be explained more clearly.

**Comment No.7:** Table 2 is a mess also. Should be made more presentable, I do not understand any of the content!

**Response:** we are sorry that we may have not expressed it clearly. We substantially revised Table 2. Part of the deleted content was added to the article with text description.