

RESPONSES TO THE REVIEWERS

I must thank both Reviewers for the kind observations that allowed me to try a deep quality improvement of my article. I hope the following explanations to each of your request will be exhaustive.

Reviewer 1

Comments: The manuscript "Mallory-Weiss syndrome from giant gastric trichobezoar: a clinical case." Submitted by E. Lieto et Al was an unique and very intresting case. There were some spelling and grammar errors in the manuscript,the language need to be revised, the following were some examples: 1. both a rised (increased)intra gastric pressure. 2. in a 16 year-old girl with chronic psychiatric dystress rised(deteriorated). 3. eat her hair since 5 years before(ago). 4. and its concistence (characteristic, or nature) was so hard. 5. At (according to) our knowledge. 6. a young woman with a Mallory-Weiss Sindrome(syndrome) 7. condition of hear-eating(hair). 8. an upper gastrointestinal endoscopy were uesd (used). 9. This led to a significant wieght (weight) loss. 10. was present and easily bled? during the endoscope transit. 11. gained 7 kg and returned to eating (eat) a regular, solid-food diet. 12. also in absence oh (or) any other pathology. 13. At (according to, or based on)our knowledge, the concomitance of a MWS 14. to seek medical treatment diagnose and surgically treat the condition. This sentence should be" to seek medical treatment diagnose and treat the condition surgically." 15. upper gastrointestinal hemorrhage in a tertuary(tertiary) referral hospital. 16. Risk factors for Mallory-Weiss tear durung(during) endoscopic submucosal dissection of superficial esophageal neoplasms. Worl (World) J Gastroenterol

Thank you very much for your positive comment. The spelling errors you have indicated have been corrected in the last version of the manuscript.

Reviewer 2

Comments: The authors present the case of a young woman with a Mallory-Weiss Sindrome due to a giant intra gastric trichobezoar formed after several years of a misunderstood condition of hair-eating. This is an interesting and rare case report about Mallory-Weiss Sindrome. It may help us better understand the causes of Mallory Weiss syndrome and is

of publication value. But there are some things that need to be modified or reminded of: Major concerns: 1. The hematological examination should provide a detailed table, including some nutritional indicators. 2. There are a lot of spelling mistakes and grammatical errors in the article, which need to be corrected carefully: (1) Introduction part: the lower esophageal sphincter remaining; because the hemorrhage can occur when the erosion advances to submucosal vessel (2) Chief Complaints part: stopped eating solid food and switched to an almost exclusive; This led to a significant weight loss. (3) History of past illness part: Consequently, the aesthetic aspect of the girl worsened, (4) OUTCOME AND FOLLOW-UP part: she was successfully followed by a psychiatrist for the management of her mental stress. (5) DISCUSSION part: Hiatal hernia, chronic nonsteroidal anti-inflammatory drug (NSAID) abuse, hyperemesis gravidarum, or repeated abdominal efforts are usually the more frequent predisposing factors, even if this condition may appear also in absence of any other pathology; is a solid cluster of hair voluntarily or accidentally ingested; Due to the significant weight loss and continuous vomiting episodes, an eating disorder, rather than an obstruction, was suspected. During COVID19 pandemic; A pathological amount of indigestible material, such as vegetable fibres, or plastic or paper objects, in the gastric cavity is possible in different categories of patients (6) CONCLUSION part: before it becomes presence of a bezoar and early proceed in removing it

Thank you for positive judgment about our article, and precious advices that rise the quality of our work, for sure.

The following table has been added (Laboratory Examination paragraph):

Table 1 Laboratory examination results

Factor	Result	Normal range
Ferritin	7 ng/dL	13-50 ng/dL
Total protein	5.5 g/dL	6.6-8.7 g/dL
Serum albumin	3.3 mg/dL	3.5-5.5 mg/dL
Iron	34 ng/dL	37-145 ng/dL
Red blood cell count	4.04×10^6 /L	$4.0-5.0 \times 10^6$ /L
Hemoglobin	10.5 g/dL	12-16 g/dL
Body mass index	14.52 kg/m ²	18.50-24.99 kg/m ²

The suggested spelling mistakes have been emended.