

Dear reviewers,

Thank you very much for your comments and professional suggestions. These suggestions help to improve academic region of our article. Based on your suggestions and requests, we have made corrected modifications on the revised manuscript. Furthermore, we would like to show the details as follows:

Reviewer 1#

1. “Additionally, ensuring references are current is crucial.”

The author’s answer: We examined again the cited references in this article and replaced some literatures with lately ones.

2. “The authors should review the title of the paper, as it is not quite clear.”

The author’s answer: As suggested by the reviewer, we have reviewed the title of the paper, and changed the title from “Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with endoscopic full-thickness resection: A case report” to “Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with exposed endoscopic full-thickness resection: A case report”.

3. “I suggest modifying the abstract to focus on the rare adverse event and its management and suggests clarifying terms.”

The author’s answer: As suggested by the reviewer, we have carefully revised the abstract, please refer to the revised section of the article for specific content. We really appreciate the advice of clarifying the rare adverse, in order to provide a rare case for clinical practice.

4. “The inclusion of figures depicting post-EFTR complication management and discussing techniques for achieving full-thickness defect closure is advised.”

The author’s answer: We really appreciate the advice of adding figures depicting post-EFTR complication, however, complications mainly classified into three types, including perforation, postoperative bleeding, and post-polypectomy syndrome. Moreover, for each type of complication, various treatments will be adopted, which means it’s very complicated to clarify clearly. We think carefully and decided not to add extra figures or charts in paper. But we do add some methods of exposed EFTR defect closure in the discussion part according to the suggestion “discussing techniques for achieving full-thickness defect closure”.

Reviewer 2#

1. “The abstract, while clear, lacks a detailed discussion of the significance and implications of the findings. I suggest expanding this section to explicitly address the novelty and potential impact of the case on clinical practice.”

The author’s answer: As suggested by the reviewer, we have carefully revised the abstract, please refer to the revised section of the article for specific content. We really appreciate the advice of addressing the novelty and potential impact of the case on clinical practice, in order to provide a rare case for clinical practice.

2. “The case presentation, although detailed, lacks a comprehensive discussion on the diagnostic process, including the reasoning behind choosing specific tests and the interpretation of their results. This information is crucial for understanding the decision-making process in this case.”

The author’s answer: As suggested by reviewer, we added a comprehensive discussion on the diagnostic process, including the reasoning behind choosing specific tests and the interpretation of their results, in order to make readers understand the decision-making process in this case. Please refer to the detailed revision of the article for specific content.

3. “Ethical considerations, including patient consent for the procedure and case reporting, are not clearly mentioned. This is a major oversight that needs to be addressed.”

The author’s answer: We really appreciate the advice and the patient consent for the procedure is submitting on the website, please check.

4. “Imaging and Laboratory Findings: this section would benefit from a more detailed analysis.”

The author’s answer: As suggested by reviewer, we added a comprehensive and detailed analysis to record the whole progress of treatment, please refer to the detailed revision of the article for specific content.

5. “While the treatment process and outcomes are well documented, there is a lack of discussion on alternative treatment options and why they were not pursued. This aspect is critical for understanding the rationale behind the chosen treatment strategy. More information on post-treatment follow-up and any long-term care plans should be included to provide a complete picture of the patient's journey.”

The author’s answer: As suggested by reviewer, we added more information focusing on the post-treatment follow up and long-term care plans in the article, please refer to the detailed revision of the article for specific content. However, there are diverse alternative treatment options, it’s quite

difficult to explain in the case report.

6. “The discussion needs significant expansion. It should include a broader analysis of similar cases in literature, how this case adds to the existing body of knowledge, and what novel insights it provides. The limitations of this case study are not adequately addressed. It is important to discuss how these limitations affect the generalizability of the findings and what further research could be undertaken to address these limitations.”

The author’s answer: As suggested by reviewer, we add the methods of closure defect in the discussion part, and we think the effectiveness and safety of exposed EFTR are mainly restricted by the methods of defect closure, please refer to the detailed revision of the article for specific content.

7. “Ensure that the references are up-to-date and relevant. Some of the cited works appear to be quite old. Recent literature would provide a stronger foundation for the case.”

The author’s answer: We examined again the cited references in this article and replaced some literatures with lately ones.

Reviewer 3#

1. “TITLE: it is unclear and should be modified.”

The author’s answer: As suggested by the reviewer, we have reviewed the title of the paper, and changed the title from “Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with endoscopic full-thickness resection: A case report” to “Postoperative encapsulated hemoperitoneum in gastric stromal tumors treated with exposed endoscopic full-thickness resection: A case report”.

2. “ABSTRACT AND MAIN TEXT: given gastric exposed EFTR procedures have been widely reported worldwide, they should be modified, focusing more extensively on the occurrence of this rare post-EFTR adverse event and its successful mini-invasive management.

The author’s answer: We really appreciate the suggestion, and we revised the abstract to mainly focus on the rare adverse event of exposed EFTR and its successful managements, please refer to the detailed revision of the article for specific content.

3. The term “EFTR” should be modified with “exposed EFTR”

The author’s answer: We really appreciate the suggestion as we didn’t pay much attention on it. We have revised the term “EFTR” into “exposed EFTR”, please refer to the detailed revision of the article for specific content.

4. “The term “EFTR surgery” is misleading and should be obviated.”

The author’s answer: We really appreciate the suggestion as we didn’t pay much attention on it. We have modified the term “EFTR surgery”, please refer to the detailed revision of the article for specific content.

5. “INTRODUCTION: “Recently, endoscopic full-thickness resection (EFTR) in treating gastric stromal tumors originating from the muscularis propria obtained satisfactory therapeutic effects[12,13]”. A systematic review and pooled analysis has been published and should be properly cited (Granata A et al. Exposed endoscopic full-thickness resection without laparoscopic assistance for gastric submucosal tumors: A systematic review and pooled analysis. Dig Liver Dis. 2022 Jun;54(6):729-736.)

The author’s answer: We really appreciate the suggestion and we have added the citation, please refer to the detailed revision of the article for specific content.

6. “Figures regarding the management of the post-EFTR complication should be provided (if available)”

The author’s answer: We really appreciate the advice of adding figures depicting post-EFTR complication, however, complications mainly classified into three types, including perforation, postoperative bleeding, and post-polypectomy syndrome. Moreover, for each type of complication, various treatments will be adopted, which means it’s very complicated to clarify clearly. We think carefully and decided not to add extra figures or charts in paper.

7. “DISCUSSION: the potential role of EUS-guided drainage in this setting should be discussed, as well as the adoption of techniques capable to achieve a full-thickness post-EFTR defect closure in order to reduce EFTR-related adverse events (Granata A et al. Closure techniques in exposed endoscopic full-thickness resection: Overview and future perspectives in the endoscopic suturing era. World J Gastrointest Surg. 2021 Jul 27;13(7):645-654)”

The author’s answer: We really appreciate the suggestion and we have revised and added the citation, please refer to the detailed revision of the article for specific content.

Thank you very much for your attention and time. Really appreciate your early reply.

Yours sincerely,

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17th, Dec. 2023

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