

Dear Editors and Reviewers,

Thank you for the thoughtful suggestions to improve this case report. Please see our responses to each suggestion below.

Reviewer 1:

Comment 1: Dysphagia induced by complete esophageal obstruction and necrosis after variceal banding is rare. This case report highlights that removing the band with biopsy forceps is applicable with no further complications. There are some small spelling mistakes such as “89 year old”, “obstruction and necrosis as results of...”

Response: Thank you for pointing out these grammatical errors. We have corrected these in the manuscript.

Reviewer 2:

Comment 1: The topic is very interesting. However, some details should be discussed. Generally speaking, esophageal varices banding for many times could lead to the lumen scarred causing stricture and dysphagia. It is infrequent for the condition to occur within 24 hours after the endoscopic operation. Thus it is important to analyse the precise causes.

-Response: We agree, which is why we think this is a relevant and important case report.

Comment 2: What is the highest location of banding? If the location is too near to the incisors, the banding could result in dysphagia after operation.

-Response: The bands placed during the initial endoscopy were in the lower esophagus. We added a statement about location of banding in the history of present illness section where we describe her initial endoscopy.

Comment 3: Did the banding go upward spiral, or all the same level?

- Response: Banding was completed in an upward spiral motion. We added a statement about the banding process in the history of present illness section where we describe her initial endoscopy.

Comment 4: How to remove the band but not to injure the esophageal mucosa?

- Response: This is a difficult task and other than careful maneuvers, there is no definitive measure to ensure that mucosa is not injured.

Comment 5: It is dangerous to dilate the stricture lumen during the fresh mucosa erosion soon after the banding. If we waited until the inflammation and edema faded away, the patients' dysphagia could improve remarkably.

-Response: Patient perhaps could have improved without dilations. We purposefully waited 2 weeks to allow for some mucosal healing prior to repeating endoscopy to minimize risks. We suspect that she improved and was able to advance her diet faster by dilating.

We thank you for the opportunity to improve our case report and we look forward to publishing with your prestigious journal.

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