

Peer Review File

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Reviewer A

Comment 1: Need to include technique of performing vaginoscopy.

Reply 1: We have added procedures in the Page 2, line 19.

Changes in the text: Vaginoscopy was a patient-friendly technique for outpatient hysteroscopy. Hysteroscopy with a vaginoscopic approach using a 5-mm rigid hysteroscope with single inflow channel, and normal saline for distension

Comment 2: Page 3, line 8 incomplete sentence. symptoms were still

Reply 2: we have modified our text as advised (see Page 4, line 8)

Changes in the text: symptoms were still existing.

Reviewer B

Comment 1: Would recommend review by English speaker for grammatical errors

Reply 1: We have sought the help of professionals to modify our language.

Comment 2: Page 2, Line 13, I'm not sure what you mean by 'micro-non-invasive technology.' This sentence can be reworded something like, "Vaginoscopy allows evaluation of the entire vaginal canal and removal of retained foreign bodies without need for speculum or other pelvic examination."

Reply 2: we have modified our text as advised (see Page 2, line 17)

Changes in the text: which means vaginoscopy allows evaluation of the entire vaginal canal and removal of retained foreign bodies without need for no more trauma or even no trauma

Comment 3: Page 2, Line 37, authors state "those two foreign bodies were removed successfully." It is unclear which 'two foreign bodies' this refers to as the previous sentence only mentions a soft mass and the purple ring. It is not clear if the soft mass was also considered a foreign body or part of the vaginal mucosa. If this soft mass was not removed, was it biopsied or anything done with it?

Reply 3: The 'two foreign bodies' is the 0.5cm soft mass and the purple ring. The soft mass is walnut. We compared the foreign body with the item which was provided by the patient's parents and found the foreign body matched it exactly. we have modified our text as advised (see Page 3, line 18)

Changes in the text: We compared the foreign body with the item which was provided by the patient's parents and found the foreign body matched it exactly.

Comment 4: Page 3, It might be helpful to display the information from the other 32 cases in a table format.

Reply 4: We have consolidated the information from 32 patients in Table 1, which

has been presented with the manuscript.

Changes in the text: Table 1 in the manuscript.

Comment 5: Page 3, Line 28, What kind of ultrasound was performed?
Transvaginal, transabdominal, or translabial, or other?

Reply 5: We have modified our text as advised (see Page 5, line 1)

Changes in the text: color doppler transabdominal ultrasound

Comment 6: The first paragraph should go in the results section as it is still presenting results from the other cases. The results can then be summarized in the discussion.

Reply 6: We have modified our text as advised (see Page 5, second paragraph) We have moved the first paragraph in the results section, and has reedited the first paragraph of the discussion (Page 8 the first paragraph)

Changes in the text: Usually, vaginal endoscopy can remove foreign bodies quickly and smoothly as previous literatures reported, difficult surgery for complete vaginal atresia is excluded. From previous reports, it can be seen that although long-term vaginal foreign bodies may not affect menstruation or sexual life, they may cause symptoms such as vaginal atresia, vaginal discharge, vaginal smell, and even more serious complications. It is necessary to solve vaginal foreign bodies in a timely and effective manner. And for our case, the foreign body was found to be located at the right side of the posterior fornix and surrounded by granulation tissue. The adhesive closed posterior fornix was cut open, outflow was malodorous, and a cylindrical film cover about 7 cm long was removed. Six years after the removal of the foreign body, the patient underwent right ureteral bladder reimplantation and right adnexectomy due to severe pelvic endometriosis, right ovarian sac, right upper ureter dilation, and severe hydronephrosis of the right kidney.