

Peer Review File

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Reviewer A

Comment 1: It is difficult to understand the usefulness of this surgery until it is actually performed, but once it is performed, the surgeon will realize, as I did, the superiority of its surgical field and operability. Please share the usefulness and safety of this surgery through this journal. And please add the following report to the list of your literature review.

Yokoe T, Kita M, Butsuhara Y, Hisamatsu Y, Okada H. R0 resection of vaginal stump recurrence of gynecologic malignancy by bi-directional endoscopic approach: A case series of four patients. *Asian J Endosc Surg.* 2022;1-4. doi:10.1111/ases.13100

Reply 1: Thank you for your comment. We agree with your proposition, and we apologize for not having found your valuable publication.

Changes in the text:

Lines 109-112: Including our patient, there are 17 reported cases of pneumovaginal endoscopic surgery performed to treat vaginal erosions of synthetic mesh used for pelvic organ prolapse, vaginal septum, vaginal leiomyoma, and vaginal wall recurrences of uterine, cervical, and ovarian cancers.

References: we added your reference as number 10.

Table 1: we added your 4 cases to the table.

Reviewer B

Comment 1: This is a valuable paper that clearly demonstrates the effectiveness of pneumovaginal endoscopic surgery for vaginal septum resection. However, there are few statement about why the authors chose this surgical method over the conventional vaginal surgery for this patient. Also, the indication, risks, and disadvantages of pneumovaginal endoscopic surgery for the vaginal septum resection appear to be less discussed.

Reply 1: Thank you for your comment. We completely agree with your comment. A pneumovaginal approach was chosen to overcome the problem posed by the deep and narrow vagina of our nulliparous patient. The indication for pneumovaginal endoscopic surgery is especially in a situation with difficult vaginal exposures, such as obesity, narrow vaginal canal, and deep vagina). These are summarized at the end of the discussion (lines 129-132). For the moment, no specific Risks and disadvantages have been reported or described for pneumovaginal endoscopic surgery. We added a sentence to highlight it.

Changes in the text:

Lines 74-76: This surgical approach was chosen to overcome the problem posed by the deep and narrow vagina of this nulliparous patient, which made it difficult to access the deeper portion of the septum.

Lines 123-125: No specific risks or disadvantages seem to be associated with this surgical approach to vaginal septum resections. However, more studies are required to confirm its safety on a larger number of patients.