Peer Review File

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Reviewer A

Comment 1: The authors present a clinically relevant case of sensitization to cyanoacrylates. Previous exposure to acrylates may go unnoticed, for example, Dermabond contains them and may have been used in childhood. Exposure to acrylic nails does not appear to be a source of sensitization to cyanoacrylates unless adhesive for artificial nails is used; it doesn't seem to be related to those of monomeric acrylic origin. I consider it a well-communicated and described case, with no language issues.
Response: Thank you for your comment. It is the adhesive from artificial nails from which sensitization may occur. To clarify this, the authors have modified text accordingly.
Changes in the text: page 2, line 39; page 5, line 104

Comment 2: However, there is controversy as no patch testing was conducted on this patient, therefore the initial suspicion cannot be confirmed, casting doubt on the initial allergen suspicion. The title will need to be modified such as Possible Allergic Contact Dermatitis caused by 2-Octylcyanoacrylate from skin closures: A Case Report
Response: Thank you for this comment. While the clinical picture is highly indicative of allergic contact dermatitis and the patient was advised to be tested, confirmatory tests were not conducted. This lack of follow up in itself demonstrates the necessity in spreading awareness of ACD risk factors in the gynecological space. The text has been modified to reflect this.
Changes in the text: Page 1, line 2; Page 2, line 37; Page 4, line 91; Page 8, line 168)

Reviewer B

Thank you for allowing me to review your manuscript.

Comment 1: An interesting case to say the least. I would say that it hardly seems unique, but I understand that your intention is to spread the word in the gynecological space. I would say that you should mention need for further, large scale, retrospective studies to evaluate the incidence in gynecologic surgery, especially if some studies found sex-based significant differences in incidence.
Response: Thank you for this comment. The text has been modified to specifically mention types of studies required rather than “more data”.
Changes in the text: Page 8, line 187-189

Comment 2: Otherwise, I would like to see the author's assessment on why this was not worked up further as an intraabdominal source for infection that is seeding superficially. The narrative is certainly convincing of ACD, however, was it ruled out with a CT scan

or laboratory work? As a surgeon, I would be very concerned if my patient presented with all trocar sites opening and erythematous.
Response: Thank you for this comment. This patient was examined in the office and had no vital sign irregularities as well as a normal physical exam, so suspicion for intraabdominal infection was low. This has been clarified in the text, which now reads, "The patient had normal vital signs and denied intraabdominal pain, so suspicion for intraabdominal infection was low."
Changes in the text: page 6, line 135-137

Comment 3: Otherwise, a necessary publication in the gynecologic field, important to know that this reaction can happen, especially if there is a predominance in women due to social behaviors (nails, etc). I would very much encourage the authors to aggressively pursue a retrospective study given the nature of gynecologic surgery and sex distribution of patient population.
Response: Thank you for this comment. After this experience, we are working towards carrying out this large-scale retrospective study to better inform best-practices in the field of gynecology.