

Peer Review File

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Reviewer A

Comment 1: Corrections accepted. Thank you.

Reply 1: corrections made as per reviewer B.

Reviewer B

Comment 1: First, I suggest the authors to indicate “diabetes mellitus” in the title.

Reply 1: Included diabetes mellitus in title

Changes in the text: title changed page 1 line 5-6 to “A Parotid Abscess out of control resulting in Craniocervical Necrotising Fasciitis in the context of Diabetes Mellitus – a Case Report and review of the Literature”

Comment 2: Second, in the abstract, please indicate the potential clinical contribution of this case report. The case presentation needs more clinical characteristics of the diabetes mellitus in this case such as length of DM and blood glucose levels, as well as the nutritional status and immune system function. The conclusion needs some comments for the early prevention of craniocervical necrotising fasciitis in similar cases.

Reply 2: Have included sentence at end of background section of abstract to define clinical contribution (page 3 line 53-56). Within the abstract have included duration of diabetes (page 3 line 58-59), HbA1c level showing poorly controlled type 2 DM (page 3 line 59), blood glucose level (page 3 line 61), clarified type 2 DM in case description (page 3 line 59), body mass index (page 3 line 58) to indicate nutritional status, immunosuppressive state acknowledged (page 3 line 67-68), comment on early prevention in conclusion of abstract (page 3 line 76-79)

Changes in the text: changes as above

Comment 3: Third, in the introduction, please clarify the potential clinical contribution of this case and explain why this case deserved to be reported.

Reply 3: Thank you for the comment - the second paragraph of the introduction explains the rarity of the pathology being craniocervical necrotizing fasciitis secondary to a parotid abscess and the fact it is the first description of a cervicofacial rotational sternocleidomastoid flap reconstruction in a case of craniocervical necrotizing fasciitis secondary to parotid abscess. Have added another sentence for clinical contribution (page 5 line 133-136)

Changes in text: Added sentence to second paragraph page 5 line 133-136 (“Authors showcase an alternative approach to management of craniocervical necrotising fasciitis; one demanding utmost patience from the treating clinician with frequent neck explorations and use of antimicrobial impregnated packing to facilitate less morbidic delayed reconstruction”)

Comment 4: Fourth, in the case presentation, details on the major medical conditions of this case such as blood pressure, blood glucose levels and blood routines, as well as past history of DM and other conditions are needed to understand the progression of parotid abscess in this case. A timeline figure is also needed to briefly describe the whole clinical diagnosis and treatment process of this case. In the discussion, please have comments for the early prevention of craniocervical necrotising fasciitis and analyze the main causes of craniocervical necrotising fasciitis in this case. I also suggest the authors to use a separate part to review the literature.

Reply 4: Have included details of thrombocytopenia (page 6 line 160), included duration of poorly controlled DM (page 5 line 146-147), her blood pressure mentioned (page 6 line 159-160), blood glucose level (page 6 line 165-166), a timeline figure has been added (figure 4) to help understand the progression of the disease process and the figure is acknowledged within the text (page 8 line 249). Statement on early prevention is made in the discussion (page 10 line 318-321). Analysis of our case of craniocervical necrotising fasciitis added (page 9 line 256-263).

Changes in text: as above, deleted part of sentence from paragraph 2 of discussion (“where group A streptococcus and staphylococcus epidermidis were grown”) and changed “causes” to “organisms” page 9 line 271

Comment 5: Finally, please consider to cite several related papers:

1. Ang T, Rogerson T, Nagolla T, Caplash Y, Selva D. Periocular necrotising fasciitis after traumatic laceration and concurrent COVID-19 infection: a case report. *Ann Eye Sci* 2023;8.
2. Tseros EA, Reddy R, Ho J, Gunaratne DA, Venkatesha V, Riffat F. Improvement in mortality with hyperbaric oxygen therapy in cervical necrotising fasciitis: a systematic review of the literature. *Aust J Otolaryngol* 2023;6:8.

Reply 5: I have cited the Ang et al and Tseros et al in the discussion, elaborated on the Tseros et al (page 10 line 332-335) and included them in my references (reference number 8 & 23)– it is relevant to my discussion hence it was included.

Changes in text: added citation Ang et al and Tseros et al

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