

Peer Review File

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Review comments

I want to thank for the opportunity to review the manuscript titled "Non Iatrogenic Esophageal Trauma: A Narrative Review" submitted by Dean P. Schraufnagel and co-workers.

The title has promised an exciting surgical topic and I have read this manuscript with great interest. Altogether the authors have addressed the major cornerstones of this challenging surgical emergency. However there are still some important issues left which have to be addressed carefully.

Major queries:

1) The authors did not mention trauma affecting the abdominal esophagus. Especially this small but not less than important part of the esophagus may be affected by non-iatrogenic trauma (i.e. gun shot, stab wound, Boerhaave's Syndrome). The correct and quick diagnosis and the appropriate treatment are lacking in the present manuscript. The authors are encouraged to add this important information in order to enhance the scientific and clinical merit of the present manuscript.

Thanks very much for the comment. This has been addressed by addition of a separate section as detailed in lines 365- 379

2) The manuscript would benefit from incorporation of these issues mentioned in point 1 and 2. Moreover the impact of the time elapsed between (suspected) diagnosis of esophageal perforation and the start of the individual treatment should be pointed out more clearly. The manuscript would benefit from inclusion of the following references which handle these topics mentioned above:

Vermeulen, BD et al. Benign, Esophageal, Perforation, Collaborative, Group. Early diagnosis is associated with improved clinical outcomes in benign esophageal perforation: an individual patient data meta-analysis. Surg Endosc. 2021; 35(7):3492-3505.

Lindenmann, J et al. Management of esophageal perforation in 120 consecutive patients: clinical impact of a structured treatment algorithm. J Gastrointest Surg. 2013; 17(6):1036-1043.

Thanks for the comment. This has been added to the manuscript with references (lines 130-131).

3) The authors should add a graphical overview or an algorithm which points out in summary the diagnostic and therapeutic procedure of esophageal trauma depending on the site of perforation.

Thanks for the comment. This has been added to the manuscript (lines 194- cervical trauma, 260- thoracic trauma, 366- abdominal trauma), with 3 figures corresponding to these sections added to the end of the manuscript (line 639).

4) The possibility of minimally invasive surgery (VATS) for thoracic esophageal lesions or laparoscopy for abdominal lesions (distal esophagus/ GEJ) have not been addressed or discussed. The authors should complement these approaches.

Thanks for the comment. This has been addressed in lines 295-297 and 388-379

Minor queries:

1) In the paragraph „Endoscopy“ (beginning with line 156), the authors should add the possibility of EGD combined with contrast medium. Instillation of water-soluble contrast material through the working channel of the flexible endoscope (even in combination with post-interventional CT-scan) enhances the diagnostic accuracy considerably.

This has been addressed in lines 172-175

2) The possibility of application of the vacuum assisted closure system (VAC) especially in the peri-esophageal cervical soft tissue and the clinical impact of

Endosponge have not been mentioned in the present manuscript. Are there no data in this context? Please, clarify.

Thanks; this has been added to the manuscript in lines 275-278 and references updated accordingly.