

Peer Review File

Article information: <https://dx.doi.org/10.21037/aoe-21-70>

Reviewer Comments

Comment 1: Images are interesting; however, the endoscopic figures could benefit from marks to identify the findings.

Reply 1: Endoscopic figures labeled to identify findings

Changes in the text: labels added

Comment 2: Abstract is only an introduction on the theme without mention of the case, outcomes and conclusions.

Reply 2: added introduction to case and outcomes

Changes in the text: This case report details our experience with a moribund patient who was found to have extensive pneumomediastinum and gastric perforation secondary to black esophagus and black stomach. At the time of diagnosis, the degree of ischemia had led to perforation and the disease process was not reversible or recoverable. He ultimately expired after comfort directed care measures were put in place.

Comment 3: Black esophagus is usually described as necrotizing condition of the esophagus due to unclear triggers. In this case, the patient was admitted as ROSC after CPA, so main reason of the organ ischemia was very clear. The extent of ischemic organs are not considered as the continuation of black esophagus, it was just the ischemic effects brought by CPA, in addition, chest compression may induce the perforation.

Reply 3: We acknowledge in the paper that is unclear the sequence or underlying cause of the necrosis however do offer his history of chronic dissection flap as a source for ischemia. Otherwise we have clarified that he reported abdominal discomfort prior to his arrest.

Changes in the text: Added lines 62-67

Comment 4: I think if a case report is to be of use it needs to present a learning point or at a stretch a novel disease and how to manage it.

Reply 4: Added commentary on the importance of frank goals of care conversation prior to intervention and utilization of less invasive procedures such as endoscopy for diagnosis of disease process in patient as apposed to laparoscopy/laparotomy.

Changes in the text: Lines 132

Comment 5: The case report itself is poorly written, is very imprecise and could have been set out in a much better fashion. There are several grammatical errors in the text.

Reply 5: Global language changes and edits made to the paper
Changes in the text: global edits

Comment 6: It seems unclear if the black esophagus precipitated the arrest- or the other way round, and there is nothing novel in this manuscript.

Reply 6: We acknowledge that there is no way to truly know the sequence of events but feel given his inciting complaint for calling EMS was abdominal pain and the brief period of CPR we feel that the ischemia preceded the arrest. Additionally we feel our report adds to the available literature regarding black esophagus and is one of the few reports of black stomach that does not involve caustic agents.

Changes in the text: Clarification of code events.
