Peer Review File

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Reviewer Comments

Reviewer A

Comment 1: "Thoracic computed tomography and upper endoscopy were detrimental for diagnosis revealing 4x2 cm esophageal full-thickness parietal loss with mediastinal contamination." CT and endoscopy themselves were not detrimental.

Please describe the endoscopy. Was the potato removed, if so how? Was that a potential cause of the peroration as well?

The conclusion is abrupt and needs work.

Reply 1: We hypothesize that the cause of perforation was related to hot potato impaction, full thickness burn, and consequent delayed perforation with loss of substance. The extent of perforation was assessed both radiologically (CT scan) and endoscopically. Since the patient came to our attention 36 hours after acute onset of dysphagia the potato was not found in the esophagus. This probably occurred because the potato impacted the esophagus, caused the wall to burn, and then passed into the stomach. Conclusions have been tempered as suggested. Thank you for your comments and the possibility of improving our manuscript.

Changes in the text. We modified some sentences in the results (page 3, 64-66), discussion (page 4, line 108-109) and conclusion (page 5, line 115-116) section of the manuscript.

Reviewer B

Comment 1: he text is clear and good pictures. The case is interesting but esophageal injuries are not rare.

Reply 1: We totally agree with you. However, this specific mechanism of esophageal full-thickness perforation (microwave-heated hot potato) is extremely rare being the first reported case in current literature. Thank you for your comment.

Changes in the text. NA

Reviewer C

Comment 1: I would like to congratulate the authors with their manuscript entitled "HOT POTATO CAUSING FULL-THICKNESS ESOPHAGEAL BURN AND PERFORATION". The manuscript is well-written and covers an interesting and very rare condition.

I only have a few minor remarks:

- Please rephrase line 62-66; it now concerns a lot of repetition, for example the word

“presence” is used in every subsequent sentence.
- Please describe the outpatient follow-up course for this specific patient. Furthermore, could you elaborate or give advice to the readership on desired FU length, specific precautions, frequency of endoscopy et cetera?
- When do the authors consider a defect unsuitable for primary closure? In terms of diameter, location, amount of tissue loss, vascularization? Please elaborate on your discussion.

Reply 1: Sentences in line 62-66 of the manuscript have been rephrased accordingly. For the present case, there are no specific precautions or indications for endoscopic exams after discharge since the histological examination was normal. However, we added a sentence in the result section to describe the 8-month follow-up results. Preoperative endoscopic assessment is fundamental in our experience in order to choose the most suitable surgical approach. Specifically in this case since the esophageal perforation was significant with scarred, irregular, and burned edges a primary repair was not attempted because of the high risk for both leak and stricture.

Changes in the text. The indicated sentences have been corrected (page 5, line 62-66). Patient follow-up has been added in the case report description section (page 4, line 77-78). The other consideration has been pointed out on page 5 (line 109-112).