Peer Review File
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REVIEWER A

Comment	Reply	Changes in the Text
Notwithstanding the above, iodopovidone135 solutions have been shown to be more effective and have broader coverage against bacteria136 (including Pseudomonas) and viruses; therefore, they are highly recommended (9,10). viruses are also mentioned in references 9 and 10.	we changes drafting of the phrase	Iodopovidone solutions, however, exhibit enhanced antimicrobial activity, with broad-spectrum efficacy against both bacteria—such as Pseudomonas—and viruses, thereby being strongly recommended
please mention all the procedures in Figure 1. Do you have further follow up pictures?		Thank you for the suggestion. We add more images. We have replaced the images with higher-quality versions and revised the captions to use standardized terminology ("right auricle"). We have updated the caption to include the image date (postoperative timing) and revised the structure to provide a summarized overall legend followed by individual descriptions for each panel.

REVIEWER B

Comment	Reply	Changes in the Text
Strengths of the Article 1. Clarity and Objectivity: The case is clearly described, with a well-structured chronological progression of clinical		

events. 2. Compliance with CARE Guidelines: The article structure appropriately follows the checklist requirements, demonstrating scientific rigor. 3. Updated Discussion: The discussion section includes relevant and recent literature, particularly regarding microbiology and antibiotic therapy. 4. Clinical Relevance: The topic is timely and highly relevant to pediatric and ENT practice, especially given the rising popularity of cartilage piercings.		
The title could be more impactful and informative by including the infectious agent or esthetic outcome: • Suggestion: "Pinna Perichondritis due to Pseudomonas aeruginosa After Piercing in a Pediatric Patient: A Case Report with Surgical Debridement"	We chance the title	Pinna Perichondritis due to Pseudomonas aeruginosa After Piercing in a Pediatric Patient: A Case Report with Surgical Debridement
The abstract is well-structured but could include a clear clinical implication, such as: • "This case reinforces the need for early otolaryngological referral in all cases of suspected auricular perichondritis." • It also lacks mention of the significant cartilage loss.	We have modified our text as advised	Abstract: Page 3 line 64 This case underscores the importance of early diagnosis, prompt initiation of appropriate antibiotic treatment, and timely referral to otorhinolaryngology services to prevent irreversible esthetic damage and cartilage loss.
. Case Presentation • The presentation is solid, but additional background	We chance the title We have modified our text as advised	The clinical case on pages 5 and 6 between lines 105 and 130 was corrected.

details are needed, such as: • Was sterile equipment used for the piercing? • What antiseptic was applied prior to the procedure? • Any history of immunodeficiency, prior antibiotic use, or other predisposing conditions?		Information was added regarding the aforementioned questions.
. Figures (Figure 1) • The images are relevant but need higher quality and clearer labeling. • Consider including scale indicators or arrows pointing to the infected area. • Standardize terminology in captions (e.g., always use "right pinna" or "auricle").		Thank you for the suggestion. We add more images. We have replaced the images with higher-quality versions and revised the captions to use standardized terminology ("right auricle"). We have updated the caption to include the image date (postoperative timing) and revised the structure to provide a summarized overall legend followed by individual descriptions for each panel.
. Discussion • The discussion is technically rich but could be improved by: • Clarifying the difference between simple perichondritis and abscess-forming perichondritis. • Adding a comparison with similar published cases to reinforce the case's uniqueness. • Discussing alternative therapies for patients allergic to cephalosporins or lincosamides. • Highlighting esthetic and psychosocial implications, especially for adolescents.	We have modified our text as advised	The discussion between pages 7 and 9 and lines 132-194, was corrected. Information on the proposed concerns was added, and the information was restructured.

Conclusion • The conclusion could be more didactic. For example: "Infections following cartilage piercings require prompt identification and aggressive management. Early multidisciplinary intervention can prevent irreversible cosmetic sequelae in pediatric patients."	We have modified our text as advised	The conclusion in page 9, between lines 197- 205, was corrected.
. References · The reference list is well-chosen, but in-text citation formatting lacks consistency (some are in parentheses, others integrated into the narrative). Standardize this according to the journal's required style (Vancouver, AMA, etc.).	We have modified our text as advised	The bibliography was reviewed and corrected
Ethical Aspects • The item on informed consent is marked "Yes/No", but it's not clear if the patient or guardian provided authorization for publication and image use. This should be clearly stated.	Not change needed.	Written informed consent was obtained from the patient's mother for publication of this case report and accompanying images.
9. Language and Style • Minor improvements in scientific language are recommended: • "was examined at a health care center for an insidious clinical course…" → could be clearer: "was evaluated after presenting with a 3-week history of	We have modified our text as advised	We have modified our text as advised

progressive symptoms following ear cartilage piercing." • "cartilage at the helix and antihelix could not be felt" → more precise: "palpation failed to identify the normal contour of the helix and antihelix, suggesting cartilage loss."		
This case report is well-structured, clinically relevant, and properly referenced, but would benefit from improvements in: • detailed clinical history, • refinement of scientific language, • better image formatting, • and stronger emphasis on clinical and preventive implications.		

REVIEWER C

Comment	Reply	Changes in the Text
Similar case reports have been published, such as PMID 17278683. The major concern of this case report locates in the lack of in-depth analysis for the unique point. The authors MUST clearly analyze and clarify the internal clinical importance in the abstract and introduction. In the Discussion, the authors also failed to prove the clinical value of this case. The authors should have discussed in-depth with comprehensive literature how such a situation would influence clinical practice and provide hands-on recommendations.	We have modified our text as advised	We addressed the reviewer's concern regarding the lack of in-depth analysis of the clinical relevance by clearly emphasizing the unique aspects of the case in both the abstract and introduction. Additionally, we expanded the Discussion section to provide a comprehensive review of the literature, highlighted the implications for clinical practice, and offered concrete, evidence-based recommendations for diagnosis, management, and prevention.

Consider refining the title by adding the intervention and patient outcome. This would greatly increase its readability.	We chance the title	Pinna Perichondritis due to Pseudomonas aeruginosa After Piercing in a Pediatric Patient: A Case Report with Surgical Debridement
In Abstract-Background, the authors need to clearly clarify why the case report is unique and what it contributes to the existing literature. For the authors' reference, specify like "Here we report a case of … This case is unique in terms of…".	We chance the title	We revised the Abstract-Background to clearly state the uniqueness of the case and its contribution to existing literature, explicitly specifying the distinctive clinical features and significance as recommended by the reviewers.
Abstract-Case Description should incorporate the patient's main symptoms (e.g., erythema, heat, edema, moderate pain and fever since the previous 2 days) and the recommended dosage, frequency, and duration of antibiotic therapy.		We updated the Abstract-Case Description to include the patient's main presenting symptoms, such as erythema, heat, edema, and moderate pain, along with the precise dosage, frequency, and duration of antibiotic therapy as already detailed in the main document. Line 158-161
Please keep the number of keywords under 5.	We have modified our text as advised	We have modified our text as advised
Please keep two points in the "What is known and what is new?" section for clarity, so the reader can distinctly identify what is already known and what new insights are provided	We have modified our text as advised	We revised the "What is known and what is new?" section to clearly separate and highlight two distinct points, ensuring readers can easily differentiate established knowledge from the novel insights provided by this case.
. I found the current manuscript was inconsistent the structure template for the case report in the authors' instruction (https://cdn.amegroups.cn/static/public/Case-Reports-Structure-template.docx?v=1731481383876). The authors should provide a structured informative introduction, namely three subsections	We have modified our text as advised	We have carefully revised and restructured the Introduction section in accordance with the journal's recommended template. The section is now clearly divided into three distinct subsections: Background, Rationale and Knowledge Gap, and Objective, enhancing the clarity and organization of the manuscript. These subsections respectively address the significance of

"Background", "Rationale and Knowledge Gap", and "Objective", to improve clarity. The rationale and knowledge gap for conducting this case report is not clearly expressed in current introduction. Specifically, the authors could clearly report what is not done and how this manuscript differentiates from existing case reports.} Please also highlight the unique point of this case report when stating the aim of the manuscript in Introduction-Objective.		the topic, the existing gap in knowledge, and the specific aim of this case report. We believe these modifications satisfactorily address the reviewer's concerns and improve the overall quality of the manuscript.
"Cartilage exposure or lacerations may cause infection, erosive chondritis, or tissue replacement by fibrocartilage and may rapidly progress to tissue necrosis. The most severe complications of ear piercing are pinna perichondritis and perichondral abscess. It usually affects the helix or the tragus of the ear", the sentences lack citations.	We have modified our text as advised	Thank you for your observation. We have reviewed the mentioned sentences and confirm that appropriate references have already been included to support these statements..
Empirical antibiotic therapy with third-generation cephalosporin and lincosamide was initiated", "the antibiotic therapy was adjusted with cefepime", please also report the recommended dosage and frequency of the treatment.	We have modified our text as advised	We updated the Abstract-Case Description to include the patient's main presenting symptoms, such as erythema, heat, edema, and moderate pain, along with the precise dosage, frequency, and duration of antibiotic therapy as already detailed in the main document.
12. A visual timeline is suggested to summarize this case. The timeline should present relevant events in the patient's history in chronological order in a figure or table, enabling the core elements of the case report to stand alone. The authors are encouraged to merge the current		

figure in the timeline too. Authors could find such examples from existing case reports.		
13. Discussion (1) Discussion should be structured in five parts: a) Key Findings, b) Strengths and limitations, c) Comparison with similar researches, d) Explanations of findings, e) Implications and actions needed. (2) Summarize the case in the first paragraph, noting how it differs from previously described cases. Please elaborate on this in your discussion based on comparison with other similar case reports. (3) Consider adding the rationale for changing to cefepime treatment. (4) "education about adequate aseptic and antiseptic techniques as well as the possible risks of these practices is essential in primary health care", consider incorporating specific intervention plans, such as how medical institutions carry out publicity and education, how parents can identify early infections, and school health education programs. (5) Consider expanding the discussion about emphasizing the standardized assessment process for pediatricians when seeing patients with perforation (such as inquiring about the hygiene conditions of the perforation workspace and examining local infection signs). (6) It is necessary and important to transparently discuss the strengths of the study in the discussion. A separate paragraph is highly	We have modified our text as advised	Structured Discussion: The Discussion has been restructured into five clearly delineated subsections as recommended: (a) Key Findings, (b) Strengths and Limitations, (c) Comparison with Similar Reports, (d) Explanation of Findings, and (e) Implications and Actions Needed. This structure improves clarity and aligns with the journal's expectations. Case Summary and Distinction: We have summarized the case at the beginning of the Discussion, highlighting key clinical features and clearly stating how it differs from previously reported cases. A comparative analysis has also been incorporated based on existing literature. Rationale for Cefepime: We have added a paragraph explaining the rationale for switching to cefepime, emphasizing the persistence of clinical symptoms and the need for broader Gram-negative coverage, particularly against P. aeruginosa, given the clinical suspicion of a perichondral abscess. Specific Preventive Interventions: The section on preventive education has been expanded. We now describe potential intervention strategies such as awareness campaigns in schools and primary care clinics, involvement of parents in early detection of local symptoms, and the promotion of certified body piercing establishments through educational materials and community outreach. Standardized Pediatric Assessment: In response to your suggestion, we have elaborated on the need for a standardized assessment protocol by pediatricians, including routine inquiries about the

suggested. In addition, I would recommend that the authors further explicitly discuss the limitations, except for the inherent limitations of a case report - a single case. For the authors' reference, was the assessment timely? Is there anything that could be further improved about the interventions? (7) "Antibiotic coverage should be broadened in patients with unfavorable outcomes, suspected perichondral abscess, or cultures confirming the presence of P. aeruginosa. In those cases, the most used antibiotics are third- and fourth-generation cephalosporins, aminoglycosides, and fluoroquinolones, with ciprofloxacin serving as an alternative therapy for outpatient oral management", add citations for the sentences.		hygiene conditions of the piercing site, the use of sterile equipment, and early signs of local inflammation. Strengths and Limitations: A separate paragraph has been included to transparently discuss the strengths of the case, such as the early diagnosis and timely management that prevented complications. Additionally, we have acknowledged limitations beyond the single-case nature, including challenges in follow-up, and we reflected on aspects of care that could be improved (e.g., earlier switch to a broader-spectrum antibiotic or earlier ENT referral). Additional Citations: The statements regarding antibiotic choices and indications for escalation of therapy now include appropriate references to support the clinical recommendations and strengthen the scientific basis of our discussion. We appreciate your thorough and helpful review, which significantly improved the clarity and scientific value of our manuscript.
Add the image date in the caption of Figure 1. Besides, a summarized legend for a figure with different parts should be provided, followed by legends for each part.	We have modified our text as advised	Thank you for the suggestion. We add more images. We have replaced the images with higher-quality versions and revised the captions to use standardized terminology ("right auricle"). We have updated the caption to include the image date (postoperative timing) and revised the structure to provide a summarized overall legend followed by individual descriptions for each panel.
Inclusion of more recent data: The article cites studies from 2004 to 2019. I suggest the authors review the references and use more current references.	We have modified our text as advised	Thank you for your suggestion regarding the inclusion of more recent data. In response, we have reviewed our reference list and ensured the incorporation of updated literature. Specifically, we have included a 2024 source from StatPearls titled "Pinna Perichondritis" (Khan N, et

		al., updated May 1, 2024), available at: https://www.ncbi.nlm.nih.gov/books/NBK572081/. This addition ensures the manuscript reflects current clinical understanding and reinforces the relevance of the case.