Peer Review File
Article information: https://dx.doi.org/10.21037/jtd-22-1316

Reviewer A

The current study includes unique management for esophageal spontaneous perforation and successful results.
There need some corrections to make the contents clear.
Comment 1. Expressions for the late detected esophageal perforation are confused due to inappropriate expression. "Late perforation" is frequently used in this manuscript. However, "late perforation" should be changed to other expressions that mean late detected perforation.
Reply 1: Thanks for your comment. “Late perforation” can be confused. So we use delayed perforation instead of late perforation. Besides, we also had definition of delayed spontaneous esophageal perforation in the “Methods” section.
Changes in the text: line 41, 55, 60, 62, 132, 163, 239, 246

Comment 2. secured might be confusing also and need to be changed to "sutured"
The exact location of the esophagus and stent suturing should be explained in the method. In addition, please describe how to confirm extracorporeal suturing passed the esophageal full layer and wire of the stent.
Reply 2: Thanks for your comment. We will change our description in the manuscript. Furthermore, we add more detailed explanation of surgical technique in the paper.
Changes in the text: line 104, 106-111, 166, 237

Comment 3. Detail explanation of the thoracoscopic procedure needs to be explained. Detail procedure or material that was used for thoracic decortication. Position for the thoracoscopic procedure and trocar placement.
Reply 3: Thanks for your comment. We will add detail thoracoscopic procedure in the paper.
Changes in the text: line 80-95

Reviewer B

Thank you for letting me read your manuscript, addressing a very important topic, the treatment of late esophageal perforations.

Comment 1. As this case series has a large ‘how we do it’ orientation, I would strongly advise you to describe the minimal invasive procedure much more in detail. In the present presentation, starting on line 79, I lack information on how the patient

was positioned (prone or lateral position?), was thoracotomy or a thoracoscopic approach used, was the patient on one-lung ventilation, the exact point where the stiches were placed (below and/or beside the perforation?), the use of simultaneous endoscopy to secure that the stiches reached through the stent (as demonstrated in fig 3), the chosen stent diameter and so on.
Reply 1: Thanks for your comment. We will add detail procedure, patient's position, stent fixation by stitches and stent diameter in the paper.
Changes in the text: line 80-114
Comment 2. If the prone or lateral position was used initially, the patient must have been turned on his/hers back to allow placement of a feeding jejunostomy. In the present version of the manuscript, the reader gets the opinion that all parts of the procedure were done one after another without moving or redressing the patient. Please revise.
Reply 2: Thanks for your comment. The patient was in lateral position for VATS initially and then change to supine position for esophageal stent placement and feeding jejunostomy. We will add detail procedure in the paper.
Changes in the text: line 82-83, 96
Comment 3. In the discussion section, I believe that the first sentence concerning mortality rates in the literature should be omitted or moved to the introduction.
Reply 3: Thanks for your comment. We will remove this sentence.
Changes in the text: line 162-163
Comment 4. Furthermore, you must discuss various pros and cons between your suggested therapy and the use of continuous suction, e.g., the Eso-Sponge system, therapy in late esophageal perforations as the latter has become standard therapy in many centres.
Reply 4: Thanks for your suggestion. We will add further discussion between Eso-Sponge system and our procedure.
Changes in the text: line 223-230