

Peer Review File

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Reviewer Comments

This manuscript reported the case of esophageal carcinoma associated with esophageal varices. We have sometimes experienced such case, because alcohol is risk factor for both of esophageal SCC and LC.

This case report seems to be important for the reader, however there are some concerns before publication.

1. The endoscopic diagnosis before treatment is important. Author should present the diagnosis of esophageal varix and esophageal SCC more precisely.
2. The status of LC is important for management. Author should describe LC status such as Child-Pugh classification.
3. Author should submit the EUS images.
4. ESD procedure is useful for the control of esophageal varix, because of the fibrosis. If possible, author should submit the endoscopic image during the follow up.
5. It is important for the reader which treatment such as EIS or EVL is useful. Author should discuss this point.
6. Author should state the etiology of the LC of this patient.

Comment 1: The endoscopic diagnosis before treatment is important. Author should present the diagnosis of esophageal varix and esophageal SCC more precisely.

Reply 1: Thanks your advice. In November 2019, the patient was hospitalized due to liver cirrhosis. During gastroscopy, esophageal varices and esophageal mucosal hyperplasia were found. Biopsy was taken from the hyperplastic esophageal mucosa, and then pathological examination showed poorly differentiated squamous cell

carcinoma of the esophagus

Changes in the text: Page 3, line 50-54, highlight and bold.

Comment 2: The status of LC is important for management. Author should describe LC status such as Child-Pugh classification.

Reply 2: Thanks your comment. His total bilirubin was less than 34 umol/L, prothrombin time was prolonged less than 4 seconds, albumin was less than 35g/L, and the patient had no ascites and hepatic encephalopathy, so that the Child-Pugh classification is A.

Changes in the text: Page 3, line 54-57, highlight and bold.

Comment 3: Author should submit the EUS images.

Reply 3: Thanks your suggestion. We have added the EUS image in Figure 2.

Changes in the text: The right in revised Figure 2.

Comment 4: ESD procedure is useful for the control of esophageal varix, because of the fibrosis. If possible, author should submit the endoscopic image during the follow up.

Reply 4: Thanks your suggestion. We have added the gastroscopy image as Figure 4.

Changes in the text: The Figure 4.

Comment 5: It is important for the reader which treatment such as EIS or EVL is useful. Author should discuss this point.

Reply 5: EIS is endoscopic injection sclerotherapy. We injected sclerosing agent and tissue glue into the varicose vein at the cardia, hoping to block the blood vessels in front

of the lesion to avoid serious bleeding during operation. EVL is Endoscopic esophageal varix ligation. In fact, it can also be operated after ligation at the varicose vein at the distal end of the lesion. However, our case is close to the dentate line, after ligation, the space for lesion resection is relatively small, and varicose veins may fall off and bleed during ESD. This case is very close to the dentate line, so we didn't choose the EVL. If we only annotate the sclerosing agent in the esophagus, it may make the scar under the lesion obvious. After weighing, we chose to annotate the sclerosing agent and tissue glue in the varicose vessels of the cardia and stomach.

Changes in the text: Page 3,line 113-123, highlight and bold.

Comment 6: Author should state the etiology of the LC of this patient.

Reply 6: The patient had alcoholic cirrhosis and drank about 2000ml of beer every day for more than 20 years.

Changes in the text: Page 3, line 57-59, highlight and bold.
