

## Peer Review File

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### **Response to Reviewer A**

Thank you for your insightful comments and suggestions. Please find the answers to each of your comments below.

**Comment 1: There are already numerous case reports on pseudoaneurysms in the maxillofacial region in the literature, this publication does not add any additional information.**

Reply 1: Thank you for your feedback. While it is true that there have been case reports on pseudoaneurysms in the maxillofacial region, it's important to note that the number of reports may vary across different databases and sources. In this case, a search conducted in a particular medical database showed 17 cases related to orthognathic surgery, and a systematic review published in 2022 analyzed 20 studies with a total of 20 patients. And therefore, this publication contributes to the existing literature by providing additional information and insights on this relatively rare complication.

Changes in the text: Addition of sentence referring to systematic review and number of papers in literature added in introduction rows 52-53.

**Comment 2: There are a significant number of grammatical issues throughout this manuscript.**

Reply 2: We apologize for the errors, we have thoroughly proofread the manuscript to eliminate any remaining grammatical and spelling errors,

Changes in the text: Changes to the manuscript are shown via track changes.

### **Response to Reviewer B**

We appreciate your careful review of our paper. Our answers are as follows.

**Comment 1: The authors present an interesting case of a traumatic (iatrogenic) pseudoaneurysm that resolved with endovascular intervention. The article is well written and would add value to the current body of literature.**

Reply 1: Thank you for your positive feedback and for recognizing the value of our manuscript. We appreciate your support and encouragement.

Changes in the text: No changes were made.

**Comment 2: I would recommend that more discussion be directed towards the surgical decision making, which favored endovascular treatment rather than surgical ligation (as is currently considered the gold standard treatment).**

Reply 2: Thank you for your valuable feedback. We appreciate your suggestion to further discuss the surgical decision-making process in relation to the choice of treatment for pseudoaneurysms.

Changes in the text: Paragraphs in the case report and discussion were added in rows 97-100 and 183-186, regarding surgical decision-making.

**Comment 3: I would also comment that spontaneous resolution of these pseudoaneurysms has been reported Raskin J, Pak K, Lee MK. Spontaneous resolution of superficial temporal artery pseudoaneurysm. (See: BMJ Case Rep. 2022 Nov 30;15(11):e251746. doi: 10.1136/bcr-2022-251746. PMID: 36450415; PMCID: PMC9716925.) though in this specific case report, would not have been a viable option given the patient's recurrent episodes of hemorrhage and anemia.**

Reply 3: Thank you for your comment. We appreciate your mention of the case report on spontaneous resolution of superficial temporal artery pseudoaneurysm. As you mentioned, while spontaneous resolution can indeed occur in some cases, it's important to consider the specific circumstances and clinical presentation of each patient. In the case we presented, the patient experienced recurrent episodes of hemorrhage and anemia, making spontaneous resolution an unviable option. Our focus was to highlight the treatment approach and outcomes for the given patient's condition. However, we acknowledge the importance of discussing alternative treatment options and their applicability in future research.

Changes in the text: A paragraph commenting about reports of spontaneous resolution of pseudoaneurysm was added in rows 176-183