Peer Review File

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Reviewer A

Major:

1. Why is that you could not put an anterior partial wrap when you realized you had an esophageal injury? This would not only provide an anti-reflux operation but also provide a covering on your esophageal injury. Placing a patient that is 64 years old that is otherwise healthy may lead to reflux issues in the future.

Reply 1: Excellent point, this is now included in the discussion portion.

2. Would using a robotic a robotic stapler instead of a handheld stapler provide you better control as to avoid the injury. (please provide in the discussion what could have been done differently as to avoid injury).

Reply 2: This is included in the discussion portion

3. When using a stapler, you are often leaving a portion of the cyst in place unless you are taking esophageal mucosa with it. Why did you decided to use this approach versus dissecting it to the mucosa, removing it, and then primarily closing the mucosa if there was violation?

Reply 3: Intraoperatively, the cyst was fused with the esophageal wall and an endoscopic linear cutting stapler was safer than continuing with the bipolar device.

Minor:

1. line 33: What are the symptoms that were worsening. You mentioned it in the body of the paper, but it is missing from the abstract.

Reply 1: This has been edited in the abstract.

Reviewer B

I have carefully read the presented case report and I thank you for the opportunity to review it. In and of itself, the degree of novelty seems to me to be limited, although the topic is certainly interesting. The section describing the surgical technique should be expanded, as should the discussion section. If authors agree, it could be added a "smart" review of the literature on the robotic surgery of the aesophagus, with an exposition of the possible techniques, and in this regard the authors could discuss the following paper: doi: 10.1007/s11605-023-05616-w

Reply 1: The surgical technique and discussion sections have both been expanded.