Dear Editor,

The manuscript has been improved according to the suggestions of the reviewers.

1. Format has been updated.
2. Revision has been made according to the suggestions of the reviewers.


Answer:

Thank you very much for your suggestions. We admit that esophageal submucosal abscess is not very rare, however, our case has its particularity. Firstly, our highlight lies in the evolution between 2 different disorders, we are the first to report the evolution from submucosal abscess to IED in the same patient, we presented the evolution process between two different diseases, this is the major
scientific value of our case. Secondly, the submucosal abscess occurred spontaneous drainage, and we didn’t close the crevasse which is responsible for the drainage, we closed the laceration above the submucosal abscess to prevent further damage, and the laceration is irrelevant to the drainage of the abscess. Thirdly, we have searched the mentioned literature, but because of limited space, we only chose some relevant articles in our references. Lastly, the purpose of Figure 1C is to show the details of the spontaneous rupture and the purulent exudate.

Reviewer #2: Scientific Quality: Grade C (Good) Language Quality: Grade C (A great deal of language polishing) Conclusion: Major revision Specific Comments to Authors: The authors reported one case of esophageal submucosal abscess with association of intramural dissection. This is an interesting case. Comment: There is a great deal of English language usage in this case report.

Answer: Thank you very much for your approval of our case. The language has been polished by authority organization.

Thank you again for publishing our manuscript in World Journal of Clinical Cases.

Sincerely Yours,

Ruyuan Li