Dear Editors of World Journal of Clinical Cases,

We deeply appreciate the editorial staff and reviewers of World Journal of Clinical Cases for reviewing our manuscript entitled “Pyogenic Liver Abscess Secondary to Gastric Perforation of an Ingested Toothpick: a Case Report” (Manuscript No. 86274).

We have substantively revised our manuscript according to the editors’ and reviewers’ comments. The changes made in response to the individual comments are described on the following pages. This paper has been written according to the guidelines of World Journal of Clinical Cases. The manuscript has never been published before nor is it under consideration for publication elsewhere. We hope that the changes made to our manuscript satisfy the editors’ and reviewers’ comments and meet the requirements for publication in your journal.

We wish to thank you again for the constructive comments provided by the reviewers. We hope that this article will be of interest to the readers of World Journal of Clinical Cases.

With best wishes,

On behalf of the authors of this manuscript,

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RESPONSES TO THE REVIEWERS’ COMMENTS

Reviewer #1:

Comments: Though there is nothing new addition to the present knowledge of the condition, the rarity of the case and quality of writing allows publication. Well observed, treated and written. Response: We appreciate the comments of the reviewer. As the current manuscript is a case report, we agree that there are limitations in adding new knowledge to the condition; however, as this is a rare case, we believe reporting it to the scientific community could contribute to the clinical suspicion for foreign body induced liver abscesses.

Reviewer #2:

Comments: (1) This manuscript offers an interesting report of a pyogenic liver abscess secondary to gastric perforation of an ingested toothpick. As a clinical description of a single patient, it is, of course, of limited scientific value, and it does not break new ground. Illustrative figures are included. (2) Please check the units used; e.g., "a hemoglobin level of 13.4 mg/d L" is not credible -> did you mean g/dL? (3) "...the operation was performed one week after admission after her vital signs were normalized" – "after her vital signs were normalized" is not completely clear in this context, please specify this. (4) "...less than 20 cases previously reported" -> the actual number may be higher; not all cases may have been reported. (5) A descriptive figure legend (not just a title) should be provided for figure 1. (6) Figure legend 2: "arrow" -> arrows.

Response: We are in agreement with the reviewer’s comments. We made the necessary revisions according to the specific comments as described below.

Correction #1
Laboratory examinations, page 5, line 18

Laboratory studies demonstrated a white blood cell count of 13120/mm3 with 83.4% neutrophils, a hemoglobin level of 13.4 mg/dL, and a serum C-reactive protein (CRP) concentration of 17.70 mg/dL.

Revised text

“Laboratory studies demonstrated a white blood cell count of 13120/µL with 83.4% neutrophils, a hemoglobin level of 13.4 g/dL, and a serum C-reactive protein (CRP) concentration of 17.70 mg/dL.”

Correction #2

Treatment, page 6, line 18

Fever persisted for four days, and the operation was performed one week after admission after her vital signs were normalized.

Revised text

“Fever persisted for four days, and the operation was performed one week after admission as the patient’s body temperature was maintained in normal range.”

Correction #3

Conclusion, page 8, line 10

Hepatic abscesses caused by migration of an ingested toothpick are extremely rare, with less than 20 cases previously reported.

Revised text

“Hepatic abscesses caused by migration of an ingested toothpick are extremely rare, with less than 20 cases officially reported.”
Correction #4

Figure Legends, page 11, line 2

**Figure 1.** Esophagogastroduodenoscopy result of the patient.

<Revised text>

“**Figure 1.** Esophagogastroduodenoscopy result of the patient. A fungating mass-like lesion with central depression on the anterior wall of the lesser curvature of the stomach was noted (arrow).”

Correction #5

Figure Legends, page 12, line 2

(B) Mild infiltration at lesser curvature side of stomach antrum (arrow), suggesting foreign body penetration from stomach to liver.

<Revised text>

“(B) Mild infiltration at lesser curvature side of stomach antrum (arrows), suggesting foreign body penetration from stomach to liver.”