Reviewer #1:
1. Authors should add setbacks encountered during this study and how they were dealt with.

We encountered some difficulties to stabilize the scaphoid to the lunate and I add this part to in the treatment part: As most of the stabilizers of the scaphoid were injured, the scaphoid had become extremely unstable, so it was difficult to stabilize the scaphoid to the lunate in a proper position.

2. Limitations of this study should be mentioned and elaborated in the discussion

Limitations: There are some limitations to this study. First, as a case report, only 1 patient was diagnosed and treated, so there were no group comparisons of other treatment options. Second, the follow-up period was short. As we did not repair the scapholunate interosseous ligament directly during the operation, whether the ligament was healed or just scar-connected was unknown. Further observation is necessary.

Reviewer #2:
1. The radiographs show that there are some chip fractures of the capitate and hamate as well as dislocations in the scaphoid, but the images are not very clear. Has computed tomography or fluoroscopic image been used to confirm this explanation? (Before treatment and after treatment)

I have added a CT scan in the Figure 1 that showed the chip fractures of the capitate and hamate before the treatment.

2. Based on the following reference, if there is a complete rupture in the ligament between the scaphoid bone and the lunite, this injury will be classified as Grade 4. (Geissler, W. B. (2013). Arthroscopic management of scapholunate instability. Journal of wrist surgery, 2(02), 129-135.)

However, the manuscript states that this ligament between the scaphoid bone and the lunite is intact, but this injury is classified as Grade 4. Please explain about Geissler grade (grade III, II, I, IV) injuries and what is the basis of your classification?
The arthroscopy confirmed a complete tear of the radioscaphocapitate (RSC) ligament and scapholunate interosseous ligament (the ligament between the scaphoid and lunate) and the arthroscope can pass through the scapholunate gap obviously. So the Gessiler classification was IV. The lunotriquetral interosseous ligament was intact but it had no influence of the Geissler classification.

### Table 1

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Attenuation/hemorrhage of interosseous ligament as seen from the radiocarpal joint. No incongruency of carpal alignment in the midcarpal space.</td>
<td>Immobilization</td>
</tr>
<tr>
<td>II</td>
<td>Attenuation/hemorrhage of interosseous ligament as seen from the radiocarpal joint. Incongruency/step-off as seen from midcarpal space. A slight gap (less than width of a probe) between carpals may be present.</td>
<td>Arthroscopic reduction and pinning</td>
</tr>
<tr>
<td>III</td>
<td>Incongruency/step-off of carpal alignment is seen in both the radiocarpal and midcarpal spaces. The probe may be passed through the gap between carpals.</td>
<td>Arthroscopic/open reduction and pinning</td>
</tr>
<tr>
<td>IV</td>
<td>Incongruency/step-off of carpal alignment is seen in both the radiocarpal and midcarpal spaces. Gross instability with manipulation is noted. A 2.7-mm arthroscope may be passed through the gap between carpals.</td>
<td>Open reduction and repair</td>
</tr>
</tbody>
</table>

3. It is mentioned that the DASH and PRWE scores were 16 and 10, respectively. What is the basis for evaluating and determining these scores? What is the normal range of these scores?
PRWE score

The range of PRWE score is 0–100, 0 means no pain, 100 means the worst pain and function limitation.
The DASH score ranges from 0–100, 0 means normal function of the upper extremity, 100 means extreme limit of function.

4. The content presented in the discussion section is very large and therefore it is very difficult to understand and compare these explanations. And I think it would be more useful to present this material in a series of tables. I have added some tables in the manuscript and rearrange the frame of the manuscript.