

Peer Review File

Article information: <http://dx.doi.org/10.21037/atm-20-8158>

Reviewer A

Comment 1: How did the authors determine N-GIP cases in this study?

Reply 1: It is really true as you suggested that the process of determination of N-GIP cases in our study should be described in detail. In this study, N-GIP was defined as the finding of a macroscopically and/or microscopically scrutinized normal gastrointestinal tract in a patient who underwent emergency operation due to preoperative clinical diagnosis of gastrointestinal perforation determined by general surgeons based on a set of evidences including medical history, physical examination, laboratory results, imaging studies and diagnostic abdominal paracentesis.

Changes in the text: We have modified our text as advised (see Page 4, line 89-93)

Comment 2: How did you classify the clinical signs (sign of peritonitis)? Please describe in Method session (no, localized, and general etc).

Conversely, why did you suspect N-GIP without peritonitis as a GIP case? Did these all cases have pneumoperitoneum?

Reply 2: The classification of signs of peritonitis was based on the results of physical examinations by which surgeons determined whether there are signs of peritonitis and whether the clinical signs of peritonitis were localized or generalized.

Some cases without peritonitis were suspected of having GIP because of other strong clinical evidences. Most of these cases have pneumoperitoneum and several cases without pneumoperitoneum were diagnosed as GIP because of some significant findings such as severe abdominal pain and the visualization of suspected signs of object with sharp edges piercing the intestine in CT scans after foreign body ingestion.

Changes in the text: We have modified our text as advised (see Page 4, line 83-85)

Special thanks to you for your good comments.

Reviewer B

Comment 1: Change 'remains existing' to 'still exist'

Reply 1: We have made correction according to the Reviewer's comments.

Changes in the text: We have modified our text as advised (see Page 1, line 4)

Comment 2: 'Usually presented' change to 'usually presents'

Reply 2: We have made correction according to the Reviewer's comments.

Changes in the text: We have modified our text as advised (see Page 2, line 26)

Comment 3: Change 'Laparotomy and laparoscopic surgery' to 'Operative management'

Reply 3: We have made correction according to the Reviewer's comments.

Changes in the text: We have modified our text as advised (see Page 2, line 41)

Comment 4: Need to reword sentence, as a reader I don't quite understand the definition of negative-GIP from what you have written here. Need to better convey the message that N-GIP: Clinical suspicion of abdominal viscus perforation that had no significant findings during an exploration diagnostic operation.

Reply 4: We have re-written this part according to the Reviewer's suggestion.

Changes in the text: We have modified our text as advised (see Page 2, line 44-46)

Comment 5: Change 'began' to 'begins'

Reply 5: We have made correction according to the Reviewer's comments.

Changes in the text: We have modified our text as advised (see Page 2, line 50)

Comment 6: Please put the full meaning before abbreviating any words (e.g CRP PCT)

Reply 6: We are very sorry for our negligence of this. Originally, we think we need not put the full meanings of these words in the part of results since we have done in the part of methods.

Changes in the text: We have modified our text as advised (see Page 6, line 141)

Special thanks to you for your good comments.