

Format for ANSWERING REVIEWERS

May 25, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript NO: 11122-edited).

Title:

Author:

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 11122

Thank you for the valuable comments of the reviewers. We made some corrections to the manuscript in the light of the suggestions of the reviewers. Our answers to the questions and comment are below.

Reviewer #1.

Firstly : the authors did not make any comment about the use of needle Verres or an open technique to establish the pneumoperitoneum with the hasson cannula , and also the type of trocars they used (bladeless trocars ?) . This comments are very important to assess the interest of the case report , because the use of not bladeless trocars with open techniques to establish the pneumoperitoneum(use of the hasson cannula) need suturing the fascia at the umbilical trocar site to avoid incisional hernias .

Because the prior surgery (cholecystectomy) was performed at another hospital by another surgeon, we had no idea about the pnemoperitoneum and trocar insertion technique of this case (Hasson cannula, Veress or trocar type). That's why we did not add any comment related with the previous surgery.

Secondly: the review of the literature has been scarce and should be improved . Discussion section the authors said incisional hernias are rare, but the incidence published varies between 0,95-2,80 % (1) to a 25,9% (2), and these figures showed they are not rare at all 1 Incisional hernias after laparoscopic surgery World journal of laparoscopic surgery 2010,3(1):13-17 2 Risk factors for umbilical trocar site incisional hernia in laparoscopic cholecystectomy: a prospective 3-year follow-up study. J. Comajuncosas The American Journal of Surgery 2014,2007,(1):1-6

We added some those literatures to the discussion part of the manuscript.

Their final conclusion is not well supported by the literature review because there is a large amount of information about the safety of the postoperative ERCP after laparoscopic cholecystectomy assuming the laparoscopic procedures had been properly performed

We completely agree with the reviewer that there were lots of reports demonstrated that early endoscopic procedures after laparoscopic cholecystectomy were safe. Here, we reported a very extraordinary situation that resulted to a very early ad even complicated herniation. We underlined that the ERCP was not responsible from this complication. The main reason of the problem was the neglected trocar site closure and ERCP only facilitated the early herniation which confused the clinical picture of the patient (cholecystectomy, postoperative biliary fistula and post-ERCP incarceration).

Reviewer #2

This case is interesting and relatively low in incidence. The overall incidence of port-site hernia was 1.7% (range 0.38 to 5.4, 99 of 5984 operations) in the previous report (David Mark Bunting, et al. JSLS. 2010 Oct-Dec; 14(4): 490-497).

We had this reference but we changed its order in the text.

This case let us think that we should consider the time of endoscopic procedures just within 1 week after laparoscopic cholecystectomy. As you mentioned about the important predisposing risk factors of port-site hernia. In this case multiple factors as larger size trocars ($\geq 10\text{mm}$), leaving fascial defects open, obesity, and older age are observed. In these conditions post-operative early endoscopic procedures (within 5 days) might aggravate development of early herniation from trocars sites. This content would be better to be inserted in the comments in discussion section.

We emphasized that postoperative early endoscopic procedures may facilitate the development of early herniation from trocar sites when fascial defects are left open.

There were some corrections to be needed. - In case On postoperative day one, abdominal drainage was 200cc/day with bile content. Because of the ongoing biliary leakage, an ERCP was performed on the 5th postoperative day. ERCP revealed a leakage from the cystic stump and a biliary 7F stent was placed. The procedure was completed uneventfully and on the next day of ERCP the biliary leakage decreased immediately. However, an abrupt abdominal distention, pain, and vomiting occurred after the ERCP procedure. Abdominal examination displayed tenderness, especially around the umbilicus. - In discussion Predisposing factors are using larger size trocars, leaving fascial defects open, midline positioned trocar sites, stretching the port sites for retrieving specimens, obesity, malnutrition, older age, and surgical site infections (1). -

We corrected all the suggested sentences.

In figures Fig.1. Please describe the findings of intestinal obstruction on the image in detail. Fig.2. Abdominal CT showed incarcerated intestinal loops in the umbilical trocar site. Fig.2. Please insert the arrow in the part of incarcerated intestinal loops (arrow).

We explained the findings of intestinal obstruction in Figure 1 and added an arrow to Figure 2 with explanation.

Sincerely,
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