Format for ANSWERING REVIEWERS

December 19, 2014

Dear Editor,World Journal of Gastrointestinal Endoscopy Editorial Team

Thank you for consideration of our manuscript for publication in your journal.
We have reviewed the above manuscript according to your reviewer's comments.
Please find enclosed the edited manuscript in Word format (file name: 14503-Review.doc).

Title:Metallic stent insertion with double balloon endoscopy for malignant afferent loop obstruction

Author: Masakuni Fujii
Name of Journal:*World Journal of Gastrointestinal Endoscopy* ESPS Manuscript NO:14503

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated and we took the English language editing.

2 Revision has been made according to the suggestions of the reviewer and we have comments.

Reviewer 00009415
Comments to authors:
In this case report the authors present 2 cases of metallic stent insertion with double balloon endoscopy for malignant afferent loop obstruction. The technique is well described, but the text needs to be corrected by a native English language editor.

Thank you for your comment.
We took the check of language and corrected by a native English language editor in this revision.

Reviewer 02723208
Comments to authors:
The present paper is a report of two cases of malignant afferent loop obstruction treated by the placement of a SEMS through an overtube and over a guide-wire. The overtube and the guide-wire were placed respectively downstream and upstream to the stenosis using a DBE; as the next step, the endoscope was removed. In fact it would be impossible to introduce the stent into the 2.8 mm operator channel of this type of scope. Although the series include only two patients, the technique is interesting and potentially useful, thus I think that this contribution is worthy of being published. Nevertheless I have some minor criticisms and I suggest to review some points of the manuscript:
1. The two patients presented jaundice and cholangitis. As can be seen in the pictures, the stenoses of the afferent loop were distal to the hepatic-jejunal anastomosis in both patients. In my experience cholangitis due to afferent loop obstruction distal to the hepatic-jejunal anastomosis is rare. In these cases jaundice and cholangitis are more often due to perianastomotic neoplastic strictures, or to hepatic metastases. I believe that the technique proposed by the Authors could not apply to

peri-anastomotic strictures: in these cases a percutaneous approach, or even a EUS-guided trans-hepatic drainage may be more straightforward. I invite the Authors to address this point in the discussion section. Furthermore bilirubin concentration before and after the procedure should be reported for comparison.

Thank you for your comment. We agree your comment. We added the following sentences in the discussion.
There are other treatments for afferent loop obstruction, such as percutaneous transhepatic biliary drainage or endoscopic ultrasound-guided transhepatic drainage. When a hepatic-jejunal anastomotic stricture coexists, these methods may be particularly useful. However, biliary access can be challenging in patients without dilation of intrahepatic biliary ducts or in patients with ascites. In our cases, we could confirm the absence of judge hepatic-jejunal anastomotic strictures because the bile ducts were easily contrasted by cystography from the afferent loop. Thus, treatments should be selected depending on the patient's condition.
Furthermore about bilirubin concentration,we added following sentences in page4.
Laboratory tests were as follows: white blood cell (WBC) counts, 9410/μL (normal: 4500 – 8500/μL); C-reactive protein, 4.7 mg/dL (normal: <0.26 mg/dL); total bilirubin, 1.2 mg/dL (normal: 0.2 – 1.2 mg/dL); γ-glutamyltranspeptidase (γGTP), 256 IU/L (normal: 5 – 40 IU/L); aspartate aminotransferase (AST), 38 IU/L (normal: 10 – 35 IU/L); and alanine aminotransferase (ALT), 17 IU/L (normal: 7 – 42 IU/L).
We added following sentences in page 5.
and laboratory tests improved as follows: WBC count, 7960/μL; C-reactive protein, 1.86 mg/dL; total bilirubin, 0.7 mg/dL; γGTP, 96 IU/L; AST, 25 IU/L; and ALT, 19 IU/L.
We added following sentences in page 5.
Laboratory tests were as follows: total bilirubin 9.9 mg/dL; γGTP, 401 IU/L; AST, 273 IU/L; and ALT, 283 IU/L.
We added following sentences in page 5.
and laboratory tests improved: total bilirubin, 1.5 mg/dL; γGTP, 296 IU/L; AST, 92 IU/L; and ALT, 77 IU/L.

2. I suppose that the overtube used by the Authors, was the one provided by the DBE manufacturer. Was the balloon on the tip of this overtube kept inflated during the insertion of the SEMS on the guide-wire?

Thank you for your comment.
The overtube used by US was the one provided by the DBE manufacturer.
We think that the balloon on the tip of this overtubewas kept inflated during the insertion of the SEMS on the guide-wire, but we didn't leave it in a medical record. So, we didn't mention it in our manuscript.

3. The Authors should indicate whether they attempted to reach the stenosis using a standard endoscope (for instance a colonoscope).

Thank you for your comment. We added the following sentences in page6. DBE was chosen over a colonoscope in these cases, as it can cause patient discomfort and poses a risk to the patient's health.

4. I am not sure that the English language of this tense is correct: “from about postoperative 1 year” (page 5).

Thank you for your comment. We agree your comment. We revised “from about postoperative 1 year” to “one year later” (page 4).

5. “cystography” (page 6, third line). I guess the Authors mean “radiography”, or “fluoroscopy”.

Thank you for your comment. We agree your comment. We revised “cystography” (page 5, fifth line) to “radiography”.

6. “Ultrasound-guided drainage was performed for dilated jejunal limb of afferent loop, but repeated inflammatory aggravation with drain obstruction occurred”. I think that this could not be considered a standard approach to the clinical scenario described by the Authors, but I agree it could be effective and minimally invasive. Have the Authors developed an extended personal experience of this approach? Is experience available in current medical literature?

Thank you for your comment.
We have a few experiences of treatment by percutaneous US or CT guided drainage for malignant afferent loop obstruction.
There are a few reports from literatures, too.
(e.g. Kitamura H, Miwa S, Nakata T, Nomura K, Tanaka T, Ikegami T, Miyagawa S, Kawasaki S. Sonographic detection of visceral adhesion in percutaneous drainage of afferent-loop small-intestine obstruction. J Clin Ultrasound 2000;28:133-6.)

Reviewer 02552296
Comments to authors:
I believe this to be a well researched and written article that will be of interest to the readership of the World Journal of Gastrointestinal Endoscopy and will add to the literature and knowledge base around management of this condition. The method seems does not have a high degree of difficulty but needs more cases to determine the rates of adverse events and studies to compare this approach with surgery.

Thank you for your comments.
We think that it needs more cases to determine the rates of adverse events and studies
to compare this approach with surgery as you pointed out.

Reviewer 00227359
Comments to authors:
This study reports two patients who had previous biliopancreatic surgeries for malignancy. Roux limbs of the bilier or biliopancreatic bowel segment of the patients were obstructed with recurrent malignancies. Authors explain the endoscopic palliation of those malignant small bowel obstructions by double baloon endoscopy. There are some misprinting and techical misuses of the surgical terminologies (eg.pancreatoduodenostomy). If there was a Roux limb, the bowel segment was not called as afferent loop. I suggest an editing by a surgeon.

We would appreciate your comment.
We took the check of language by a surgeon, and correct some words such as Roux limbs and pancreatoduodenostomy.
We changed pancreatoduodenostomy to pancreaticoduodenectomy in page 4.
We revised afferent loop to Roux limb in page 4,5.
We added `Roux-limb' in page 3,4,5,6.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*

Sincerely yours,

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