



August, 28, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name:).

Title: Endoscopic ultrasound-guided interventions in special situations

Author: Varayu Prachayakul, Pitulak Aswakul

Name of Journal: *World Journal of Gastrointestinal endoscopy*

ESPS Manuscript NO: 19870

Regarding the reviewers' comments, we have already revised our manuscripts as the following;

Reviewer#1 It would be more interesting if authors provided more details on each procedure and the pros and cons of various techniques.

Answer:

1. Some content was added in the text body as the following (in text body page 5-6).

'The EUS-guided biliary drainage is performed as follows: the punctured site is first localized (intra or extra-hepatic bile duct), followed by a neo-tract creation (either by cauterization or non-cauterization methods), neo-tract dilation (either by graded dilation or balloon dilatation techniques) and finally a stent placement (either plastic or metallic stents)[5, 6, 28, 29].'

2. Some content was added in the text body as the following (in text body page 8).

'In all these techniques, the catheter was introduced through the echoscope channel, localizing the treatment location under EUS guidance[66, 67].'

Reviewer#2 Authors should elaborate a bit more in details the published literature in children and describe also some complications of the method.

Answer: Some content was added in the text body as the following (text body in page 10-11).

'In 2009, Attila et al[82] reported a case series of EUS procedures performed in 38 children. Of these, 30% of the cases used EUS with FNA, which established the correct diagnosis in 75% of the patients who underwent FNA without any complication. Recently, Scheers et al[83] also reported a case series of EUS procedures in 48 children. In this case series, 13 therapeutic EUS procedures, including 9 combined EUS-ERCP procedures, were performed without adverse events. The authors also proposed that the adult endoscopes and accessories can be used safely in children >3 years of age (or >15 kg body weight) and that a single endoscopic treatment session is feasible in children.'

Editorial comment#

1. We have already formatted the manuscript to be as recommended and the references were already checked.
2. We have already sent this manuscript for editing service for language polishing. The editing certificate was directly sent to your journal altogether with the 'locked manuscript -revised version'.
3. We have already sent you the 'audio core tip'.

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

Sincerely yours,

Varayu prachayakul
Pitulak Aswakul