

To 03666496

LP1, 4, 8

I meant the proximal tip should be placed in peripheral bile duct, but we failed. CBD was so dilated that the pigtail stent could be coiled around in CBD itself. Sharpness of the peripheral bile duct curve made it difficult to insert the stent in peripheral bile duct. Temporary biliary drainage worked well and we presumed to remove stones later, then we didn' t try to replace the stent again at that time. It was an unfortunate coincidence.

LP3

I deleted these abbreviations.

LP5

It' s guesswork.

I guess bile duct erosion, inflammation, direct traumatic irritation by an edge of plastic stent or stones could lead to necrosis of the adjacent arterial wall and contribute to pseudoaneurysm.

LP6

I added "In the study of Green et al"

LP7

I had already written the title "Haemobilia" .

To 00002736

1 I added "pigtail" in the title.

2 I mentioned normal ranges for every lab.

3 I described anatomy of bile duct and hepatic artery in the main text.

To 02861598

1 I described anatomy of bile duct and hepatic artery in the main text.

2 Although we didn' t inject contrast media for cholangitis at the initial ERC, CBD was dilated much(15mm), but peripheral bile duct wasn' t as Fig 1.

7Fr tube seemed to be suitable for the thickness of peripheral bile duct. However, after all we failed to insert the stent in peripheral bile duct.

We performed ERC with OLYMPUS SIF TYPE Q260 which channel diameter is 2.8mm. Larger stent than 7Fr wouldn' t suitable.