

We appreciate your comprehensive review of this article.

We tried to revise the manuscript as much as possible according to the suggestions made by the reviewers. Please let us know if there are any deficiencies.

We hope all these revisions will be satisfactory and the manuscript has been improved.

Thank you again for your constructive review and comments."

COMMENTS TO AUTHORS

You should bring the TC indications in the material and methods. In the results (page 8) from "CBD stones....." to "of patients (28/38)" exposure should be clearer. You should, also, report the studies of literature ,cited in the text and in the bibliography, in the tables.

1. We added TC (Tubal catheterization) indication in the material and methods.
2. We specify in the results from "CBD stones....." to "of patients (28/38)".

COMMENTS TO AUTHORS

I think there are too many figures and they contribute little to the manuscript. There are also many tables, with duplicate data (Table 1 are repeated in Table 3) and others are missing (Table 2, ALP is blank; Table 3 shows lack of jaundice and reinserted stents). Reference are quite old (almost half of them are previous to 2000, and only 3 after 2010). There are few references to similar articles published in literature; if there is little, specify how the search was done and how many. I think there is an error in abstract (second line of results) where it says 24/36, I guess I should say 24/38. I do not understand why patients have been divided into two groups (between 12 and 24 months and over 24 months). I think it brings little to the study itself and does not explain why that particular date is chosen. Discussion is poor and sparse, with little comparison with previous literature. It would be acceptable if the type of search performed and the number of clinical cases or series published in this topic were specified.

1. We edited figures and tables.
2. Missing ALP count was replaced by GGT level because GGT level was checked more frequently.
3. There were only two cases series related with long-term forgotten biliary stent. We searched pubmed by "forgotten", "omitted" or "missing" with "biliary stent" and we cited two cases series in the article.
4. We divided the patients by two groups (between 12 and 24 months and over 24 months) because in case series study, it was difficult to remove stent over 24 months after stent insertion but we had been experienced it possible to remove the stent even after 24 months. Therefore we compared the complications and success rates of stent removal in these two

groups.

(Odabasi M, Arslan C, Akbulut S, Abuoglu HH, Ozkan E, Yildiz MK, Eris C, Gunay E, Tekesin K, Muftuoglu T. Long-term effects of forgotten biliary stents: a case series and literature review. *Int J Clin Exp Med* 2014; 7: 2045-2052)

COMMENTS TO AUTHORS

This retrospective study addresses an important clinical-endoscopic problem, of growing importance due to the increased need for stenting procedures in difficult-to-treat biliary stones or benign biliary strictures. The authors collected a good amount of cases and the results can be useful information for the gastroenterologist. - Abstract/Results : "Common bile duct (CBD) stones or sludge was accompanied ..." consider to change "was accompanied" into "were found ..." - Abstract/Results : Information on the occurrence of cholangitis should be provided in the abstract. - Core tip: "There were little information ..." : please change to "There is little information ..." - Core tip: "... stones or sludge was developed ..." please change to: "... stones or sludge developed ..." - Introduction (line 2): "... accepted as the primary treatment of choice ..." please change to: "... accepted as the treatment of choice ..." (delete "primary") - Discussion (page 9, line 6): "... acute cholangitis in the clinical setting" please change to: "... acute cholangitis in this clinical setting" - Discussion (page 10, line 6-8): Specify if stent occlusion in malignant biliary obstruction occurs with metal stents - Discussion (page 10, line 15): Please specify if the definition of brown stones is given according to the macroscopic aspect seen at endoscopy and mention the link between brown stones and cholangitis. - Table 2: "ALP" is not provided with any value in the right columns (please fill the missing data) - Table 3: Please indicate the total number (38) under word "Total" (first line

1. We corrected grammatical errors what you mentioned.
2. We specified the definition of brown stone.
3. Missing ALP count was replaced by GGT level.

COMMENTS TO AUTHORS

Sohn and coworkers performed a well retrospective study of a cohort of patients hospitalized for choledocholithiasis. The authors are interested in the management and the complications related to the presence of forgotten long term biliary stents more than 1 year. The study clearly presents the related clinical complications of retained long term biliary stents and the involvement of stents in stone formation and development. Whereas in this study, long term biliary stents were successfully treated by endoscopic approach, this study is emphasizing the importance of patient follow-up and programmed withdrawal of stents to avoid CBP. Minor points: Table 1 - Is there a correlation between the length or diameter of the stents and the appearance and / or severity of observed complications? Table 2 - In the Gender line of Table 1, the number of patients is 40 (26/14), this is different from the number of patients announced in the study. This data must be corrected -Laboratories results shows a very strong variability between patients which makes the data difficult to interpret, is it really necessary to show these parameters in Table 2? In addition, the ALP parameter is announced in the table without related data.

1. We couldn't find the reason but there was no relationship between length or diameter of stents and the severity of complications.
2. Missing ALP count was replaced by GGT level.