

Dear Sir,

Our manuscript was considered for publication in World journal of Gastroenterology (Manuscript No: 53431) and editor offer acceptance for publication in the World Journal of Clinical Cases. The editor also state that we must revise our manuscript according to the reviewers' recommendations.

We hope that after this revision, the manuscript will be accepted for publication in World Journal of Clinical Cases. Corrections in the manuscript have been highlighted and responses to the reviewer's comments have been given in this separate document.

Reviewer -1

Q (Question)1: "the abstract is less concise and should be modified particularly the conclusion undersection"

R (Response) 1: We have added the following sentence to the conclusion part of the abstract. "According to our results, PC, a safe, effective and minimally invasive treatment, should be preferred in cases suffering from AC with high risk of mortality associated with cholecystectomy" (Page-4, Line between 4 and 6).

Q2: "This material cited in result section 'Oral feeding was stopped and medical treatment with intravenous hydration and antibiotics (second-generation cephalosporin) was started for all patients. After percutaneous cholecystostomy, the following criteria were accepted as a satisfactory clinical response: good general condition, no fever, and white blood cell count decreased to the normal range. For these patients, the antibiotic treatment was terminated, and liquid feeding was started for those who did not have complaints of vomiting, lack of appetite, or distension', should be placed in methods'

R2: The sentence has been moved from the results section to the methods section (Page-7, Line between 1 and 7).

Q3: The results were less clearly presented and modifications should be added to make result presentation clearer and easily readable.

A3: We have used abbreviations for the terms percutaneous cholecystostomy and acute cholecystitis to make the results more readable (Page-7, Line-between 18 and 29).

Q4: - The authors did not report the complications related to catheter if any.

A4: We have added the following sentences to the results section (Page-8, Line between 1 and 3): "There were no major complications due to PC. One patient had bleeding into the gallbladder during the procedure, but there was no problem during the follow-up".

Q5: The study results have been well discussed, however, in the beginning of discussion section, the authors reported an important increase in gallbladder stone after 50 years old, especially in female; however, the reference (10) is relatively outdated. So, the authors should give more recent reference with current incidence rates.

A5: We have added the following discussion to the relevant section: "Gallstone disease is a common condition with estimated prevalence of 10–20%, increasing to 15–24% in patients aged over 70 years. In another study, it was reported that female gender was a risk factor for cholesterol gallstones." (Page-9, Line-between 2 and 4).

Q6: The most important limitations of the study should be précised especially the bias of selection that impairs the results.

A6: We have added the following sentence to the text: 'the most important limitation of this study was the bias concerning standardized patient selection.'(Page-12,Line between 24,25).

Q7:The conclusion should be reformulated by providing a clear conclusion summarizing the study results with suggestions.

A7: The conclusion section has been revised to make it clear and concise as follows:

"In the light of our results, for high clinical success, we recommend PC for high-risk patients with moderate-severe acute cholecystitis according to Tokyo Guidelines 2018, elderly patients, and especially those with an ASA score of \geq III. However, this recommendation should be supported with prospective randomized trials. PC, a safe, effective and minimally invasive treatment, should be preferred in patients suffering from AC with high risk of mortality associated with cholecystectomy." (Page-13,Line between 2 and 8).

Q8: "Some materials have been cited in both figure 1 and table 1, so, modifications are required.

A8: We have modified Figure 1.

Q9: Finally, it is very hopeful that the statistical results should be reviewed by a statistician

A9: Statistical results have been rewritten (Page-8, Line-between 21 and 29).

Reviewer -2

Comments to the authors: This paper entitled 'Clinical course of percutaneous cholecystostomies' is necessary report to investigate the availability of percutaneous cholecystectomies, especially elderly or frail patients with an ASA score of \geq III. The author presents that percutaneous cholecystostomy can be considered as a safer option with a significantly lower complication rate in these patients. This report is the valuable article focused on the validity of the operation methods for acute cholecystitis. However, there are several important criticisms as follows.

Q1: Some papers have been already published about the availability of percutaneous cholecystectomies for high risk patients. The author should mention about the original findings of this paper to Abstract and Manuscript"

A1: In this study, we emphasized the importance of standardizing patient selection as we used 2018 Tokyo guidelines for the percutaneous cholecystostomy procedure. We also stressed that it was necessary for high success rates for ASA.

Q2: It is recommended to add the definition of 'percutaneous cholecystectomy' on the beginning of this manuscript, a technique that consists of percutaneous catheter placement in the gallbladder lumen under imaging guidance, has become an alternative to surgical cholecystostomy.

A2: The definition of percutaneous cholecystostomy has been added to the beginning of the article (Page-5, Line between 5 and 7).

Q3: If possible, please describe the reason that interval cholecystectomy couldn't be performed not only > ASA Score III. Please provide the criteria to perform interval

cholecystectomy at your hospital, the detailed cause, underlying disease or pre-operative test (cardiac or respiratory function test).

A3: The reason for performing interval cholecystectomy in these patients was that they had a good overall condition and less comorbidities (Page-8, Line-10,11).

Q4: Though author describe that the catheter removal time was determined after consultation with a radiologist on postoperative days three or four, please explain about the validity of this time.

A4: We have added this explanation to the discussion section. (Page-9, Line between 19 and 26).

Q5: Could you teach about the cases who were performed percutaneous transhepatic gallbladder aspiration or Endoscopic retrograde gallbladder drainage.

A5: In this study a radiologist has performed all percutaneous transhepatic gallbladder aspiration (Page 6- Line-19,20). No patient have endoscopic retrograde gallbladder drainage.

Q6: If you use the abbreviation for percutaneous cholecystectomies (PC) or acute cholecystitis (AC) at Abstract, I recommend that you should use the abbreviation at main manuscript, too.

A6: The necessary changes have been made concerning the use of abbreviations throughout the all manuscript.

Q7:Please write the P-value correctly (RESULT of page 2 orpage 6), P: 0.0001→ P = 0.0001 and P: 0.025 → P = 0.025

A7: The P value has been corrected (Page-8 Line 22).

Q8: Please change the number to the character (Page 6-line 7 and Page 7-line 15),
13→thirteen and 12→twelve.

A8: The number characters have been changed. 13→thirteen (Page-7, Line-27),
12→twelve(Page-9, Line-17).

Q9: You should added the period on the sentence (Page 8-line 17).

A9: We have added the necessary period (Page-8, Line-10).

Reviewer -3

Q1:The abstract is sketchy especially the results and conclusions section. These could
be elaborated and redrafted.

A1: The conclusion part of the abstract has been revised (Page-4, Line between 4 and 6).

Q2: In methodology, the authors should specify their protocol regarding timing of
cholecystostomy catheter removal. The timing of the same in the article has been
variable and seems to be much earlier (as early as 4 days!) than what has been
recommended in literature. What findings on the repeat ultrasound determined the
catheter removal? They should also mention as to what their protocol is regarding the
follow-up treatment of these patients – whether they mandatorily recommend interval
cholecystectomy (Bridging procedure) or would only do so in cases with recurrent
cholecystitis. Do the authors suggest that this could be a definitive modality of
treatment?

A2: The criteria for the catheter removal have been detailed (Page-6, Line-between 23 and 28). Also, the duration of catheter removal has been added to the discussion (Page 9, Line-between 19 and 26).

Q3: In the results section, Most of the first paragraph should be shifted to the methodology section.

A3: The paragraph has been moved to the methods section (Page-7, Line-between 1 and 7).