

Dear Editor,

Thank you for giving us the opportunity to improve and resubmit our manuscript "Acute cholangitis detected ectopic ampulla of Vater in the antrum incidentally: A case report". Please find enclosed the revised manuscript for further consideration. The manuscript has been revised according to the comments raised by the reviewer to the best of our ability. Changes to the manuscript are underscored and highlighted in red. Please find a detailed reply to the reviewer comments attached with this revision.

We would like to thank the reviewer for the constructive and competent criticism, and we hope that our manuscript will be acceptable for publication in World Journal of Clinical Cases.

Response to the reviewers

Reviewer: 1

The authors provided a rare case: ectopic papilla of Vater in the pylorus, which was detected because of acute cholangitis. It is interesting. But more information is needed.

Comment 1.

Please provides the image of PTC and ERCP.

Reply:

We thank the reviewer for this important suggestion. We would provide cholangiography and MRCP to support the clinical finding. Those were added in the revised manuscript (see "Further diagnostic work-up" and figures)

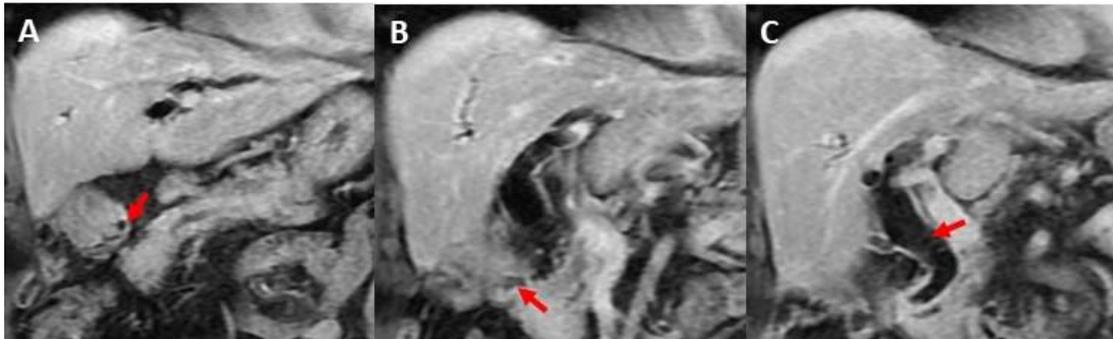
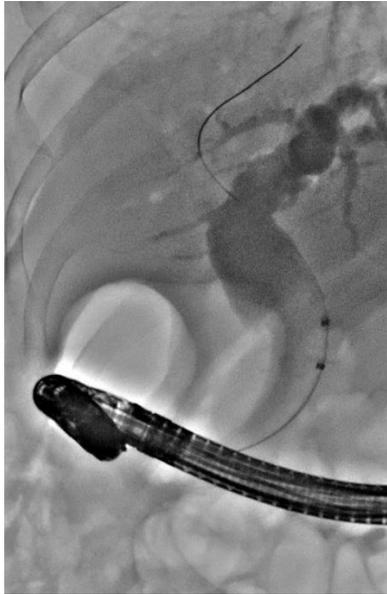
Comment 2.

What did you find during ERCP procedure? What were the bile duct and the main pancreatic duct shape?

Reply:

We thank the reviewer for this important commendation. During the ERCP procedure, we used forward-viewing endoscopy (*Esophagogastroduodenoscopy*) and found the orifice of pyloric ring. The catheter was inserted through the endoscope into the orifice. Cholangiogram demonstrated a dilated common bile duct and biliary duct (as

figure below), so we confirmed this orifice is an ectopic orifice of ampulla vater. We might revise the description in the section of 'Further diagnostic work-up'.



Comment 3.

Did the patient have recurrent abdominal pain? Did the patient have been diagnosed as bile reflux gastritis?

Reply:

We thank the reviewer for this important question. The patient did not have recurrent abdominal pain during follow-ups at the outpatient department. We also took bile reflux gastritis into account, but it was not confirmed.

Comment 4.

Did the patient undergo barium meal examination to excluded biliary reflux? And how to prevent recurrent cholangitis?

Reply:

The patient did not complain of abdominal pain or other discomforts during follow ups at the outpatient department. Thus, we did not arrange a barium meal examination or other examination to confirm bile reflux gastritis.

Partial gastric outlet obstruction was thought to make food debris reflux into the common bile duct and cause cholangitis. Therefore, reducing gastric contents or volume was supposed to decrease the possibility for debris refluxing into the common bile duct. It might be beneficial to prevent recurrent cholangitis. Thus, we educated the patient about lifestyle modification and avoidance of supine position immediately after meals or eating before sleep. On the other hand, prokinetic drugs could be helpful by increasing the motility of the stomach and accelerating gastric emptying. After doing so, there is no recurrent cholangitis. We might revise the description in the section of "OUTCOME AND FOLLOW-UP" and " third paragraph of discussion"

Response to the reviewers**Reviewer: 2****Comment 1:**

The authors present a figure of endoscopic images of pyloric ring. However, the authors should provide the images of hooking common bile duct by cholangiography (MRCP or direct cholangiography) if they would like to argue this is the ectopic opening of the common bile duct.

Reply:

We would provide cholangiography and MRCP to support the clinical finding. Those were added in the revised manuscript (see "Further diagnostic work-up" and figures)

Comment 2:

What is the meaning of "cholecystitis after laparoscopic cholecystectomy" in the History of past illness?

Reply:

We are sorry for making this misunderstanding. The patient had ever suffered from a perforated peptic ulcer and ever underwent surgery of bowel repair. He also suffered from acute cholecystitis and received laparoscopic cholecystectomy. We would revise the manuscript in the section of "History of past illness".