December 16, 2020

Lian-Sheng Ma

Company Editor-in-Chief

World Journal of Gastroenterology

Dear Editor:

We would like to thank you and the reviewers of *World Journal of Gastroenterology* for the time and effort each of you have spent to review our article titled**, "Duplication of the Common Bile Duct Manifesting as Recurrent Pyogenic Cholangitis"** (Manuscript ID 61075, Case Report). We have made some corrections and clarification in the manuscript after going over the reviewers' comments. We believe that the comments have helped considerably in improving our manuscript**.** Our responses to the reviewer's comments are summarized below:

Point-by-point responses to reviewers' comments

Reviewer #1

1.As show in Fig1C, during the tubography following the first ERCP, the right hepatic duct was invisible. How can it be explained. Did the patient receive MRCP before discharged to conform the anatomy of the bile duct. If so, please provide the image. If not, please discuss the necessity in the discussion part.

Response: An ENBD tube was placed in the left CBD because we accessed only the left CBD during the initial ERCP. In this case of DCBD Type V, the two bile ducts shared only short

communicating channels. Furthermore, EPBD (Endoscopic papillary balloon dilatation) was performed to ampulla. Although a contrast medium was injected via the ENBD tube, the right hepatic duct was not enhanced because the contrast medium filled through the ENBD tube and enhanced the left CBD and was discharged into the duodenum. In fact, passage of a large amount of the contrast medium to the duodenum can be seen in Fig. 1C. The fact that EPBD was performed during the index procedure was added to the main text.

The patient underwent MRCP after index admission (i.e., second admission). As advised, the necessity of MRCP has been described in the discussion section of the revised manuscript.

2. During the second ERCP, only the stone impacted at the ampulla was removed. Remnant stones were confirmed by the following MRCP, which lead to a third ERCP. Did the patient receive tubography after placement of the biliary drainage tube during the second ERCP. If remnant stones were confirmed by tubography during the second ERCP, the third ERCP could be avoided. Please provide tubography image of the second ERCP. If not, please discuss this issue in the discussion part.

Response: As described in the manuscript, ERBD was placed instead of ENBD after the second ERCP. Unlike the first ERCP, the patient presented with suppurative cholangitis at the second ERCP (stones and pus was extracted). The endoscopist (J.S.Hwang) judged that ensuring sufficient bile drainage was more pivotal than removing the stones completely to prevent deterioration of the patient's prognosis. ENBD is also a suitable method of biliary drainage, but it has the risk of migration since the patients can remove it by themselves. Hence, Dr. Hwang performed ERBD at the second ERCP. ENBD was placed at the last (third) ERCP, after the features of cholangitis had resolved.

This is an important point in this case, and we thank you for pointing it out. However, there is no gold standard for the technique of biliary drainage after ERCP (ERBD or ENBD), and it is

often selected according to the operator's preference or the patient's clinical situation. In our opinion, further description of this in the discussion section may not be within the context of this report. If our explanation has addressed your concern, we politely ask you to reconsider inclusion of any further discussion on the method of biliary drainage. However, if you deem necessary, we will be happy to incorporate it into further revisions.

3. There are several grammatical mistakes in the manuscript.

3.1 In the background part: Among them, Type V, which is characterized by single drainage of the extrahepatic bile ducts, only scare reports have been reported so far. Two subjects exist in this sentence.

Response: We apologize for the errors. We have corrected the grammatical mistakes in the manuscript, and have revised the above sentence, after verifying it with a native-English speaker, as follows:

"Among them, Type V is characterized by single drainage of the extrahepatic bile ducts. Reports on DCBD Type V are scarce."

3.2 In the core tip part: Although this is a rare condition, our case highlights the importance of recognizing DCBD, because stones in the unrecognized bile duct could make patient's prognosis critical. Two space keys exist before the words our case.

Response: We have reduced the extra spaces.

3.3 In the imaging examination part: A CT scan demonstrated another dilated extrahepatic bile duct draining the right lobe of the liver, which also contained stones in the distal portion (Fig. 2A). The word that should be changed to which.

Response: As advised, we have revised the word “that” to “which”.

4. Abbreviations need to be defined only when they first appear in the text.

Response: We have made the necessary corrections regarding this in our manuscript.

Science editor

1.Scientific quality: The manuscript describes a case report of the double common bile duct manifesting as recurrent pyogenic cholangitis. The topic is within the scope of the WJG. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: In this work, an extremely rare case of double common bile duct manifesting as recurrent pyogenic cholangitis was reported. However, there are several problems with the manuscript that need to be resolved. The interpretation of the picture, grammatical errors and abbreviations need to be corrected. The questions raised by the reviewers should be answered; and (3) Format: There are 4 figures. A total of 12 references are cited, including 2 references published in the last 3 years. There are no self-citations.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by Editage was provided.

3 Academic norms and rules: The authors provided the CARE Checklist-2016 and Written informed consent. The authors need to provide the signed Conflict-of-Interest Disclosure Form

and Copyright License Agreement. No academic misconduct was found in the CrossCheck detection and Bing search.

Response: We have corrected the grammatical and abbreviation-related errors in the manuscript, provided the original figures, and responded to the reviewers' comments. In addition, we have provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.

4 Supplementary comments: This is an unsolicited manuscript. The topic has not previously been published in the WJG. The corresponding author has not published articles in the BPG.

5 Issues raised: (1) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (2) Please write the "Conclusion" section at the end of the main text.

Response: We have provided the original figures using Power Point. We have added a "Conclusion" section at the end of the main text, as requested.

6 Re-Review: Required.

7 Recommendation: Conditionally accepted.

We hope that the revised manuscript will now meet the requirements for publication in your journal. Once again, we thank you and the reviewers of the *World Journal of Gastroenterology* for the constructive review of our paper.

I confirm that all authors have approved the revised manuscript. Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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