

SPECIFIC COMMENTS TO AUTHORS

Dear Authors, Thank you for sharing your article entitled "Outcomes of laparoscopic bile duct exploration for choledocholithiasis with small common bile duct" written by Xiao-Xiao Huang, Jia-Yi Wu, Yan-Nan Bai, Jun-Yi Wu, Jia-Hui Lv, Wei-Zhao Chen, Li-Ming Huang, Rong-Fa Huang, Mao-Lin Yan. Article is very impressive and important. All other medical staff should read and discuss it. I have some advices to authors to make some revision in article before publication of article. Article should be revised in medical language, spelling and punctuation rules. Authors used some abbreviations in abstract. They should review them. Authors should explain exactly and precisely how they decided the diameter of bile duct before laparoscopic exploration. Up to which radiological modality? Authors should give the exact number of T-tube drainages and the reasons. I think it is very important information in this article. Results part should be revised. Discussion part should be shorter. References should be less. I could not see the tables in full size. I would like to see all tables in appropriate size and with all information it includes. Sincerely

Dear Reviewer, thank you very much for your attention and the referee's evaluation and comments on our paper. We have revised the manuscript according to your kind advices and referee's detailed suggestions:

1. The medical language, spelling, abbreviations and punctuation have been reviewed again and revised.
2. The diameter of the common bile duct before laparoscopic exploration was determined by imaging measurements, Preoperative CT or MRCP examination was performed for all the patients to measure the most dilated part of the supraduodenal common bile duct (page 5, line 12 to 15).
3. In this study, those patients with obstructive jaundice, acute cholecystitis, acute cholangitis, or acute pancreatitis were excluded, thus, no T-tube drainage was performed in the small CBD group. Besides, this study is to investigate the feasibility and safety of laparoscopic common bile duct exploration with

primary CBD closure for choledocholithiasis with small CBD, T-tube drainages is considered as one of the exclusion criteria (page 6, line 4 to 5). Thus, the relevant data of patients with large CBD with T-tube drainage has not been collected and analyzed.

3. Tables have been revised in full size in the manuscript.

4. The result has been revised (page 3, line 1 to 20 and page 8, line 5-7, line 19-20)

5. The discussion has been condensed and some unnecessary references has been removed.

Sincerely.

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In order to do a fair review I need to see the completed table 1 and 2, The format word only show a halv of theses tables. tables are easier to see a separated file The preliminary review is: I find the manuscript interesting because of the large number of patients enrolled in the study however I have three comments: 1. The study does not show a more specific details of the stone size such an histogram, this study has the size of the stone as the principal variable, a such important variable should be presented deeply so near raw data as possible. 2. Table 1 does not show the maximum and the minimum of the diameter of the stones in both groups, the values of the stones: 1.171 +- 0.518 vs 0.717 +- 0.351 have not explanation if it is a mean . A median is appropriated in order to know if the majority of the stones in small CBD are between 0.7-0.8 cm or not. 3. The study does not discuss the alternative to use transcystic LCBDE in small CBD instead for laparoscopic choledochotomy and choledochoscopy. A study by Tokomura H, J Hepatobiliary Pancreat Surg (2002) 9:206-212, found less morbidity and shorter hospital stay in the transcystic approach compared to laparoscopic choledochotomy. The study found only one bile leakage (1%) in 91 patients with successful stone clearance. In the present manuscript there were 6 bile leakages (5.6%) in 107 patients with successful stone clearance.

Another study from Waage, Surg Endosc (2003) 17: 1181–1185, founded one bile leakage in 110 patients (0.9%) using the transcystic approach .

Dear Reviewer, thank you very much for your attention and the referee's evaluation and comments on our paper. We have revised the manuscript according to your kind advices and referee' s detailed suggestions.

1. The specific details of the stone size have been added in the manuscript (page 3, line 4-5, line 9-10 and page 8, line 5-7), and the histogram has been made in the figure 1.

2. The maximum and the minimum of the diameter of the stones in both groups have been revised in table 1.

3. The discussion of the alternative to use transcystic LCBDE in small CBD instead for laparoscopic choledochotomy and choledochoscopy has been added in the manuscript (page 10, line 20-30, page 11, line 1-5)

Sincerel