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Dear Editors,

We would like to thank you for reviewing our manuscript, "Surgical strategies for Mirizzi syndrome: A ten-year single center experience". We appreciate the opportunity to revise the manuscript according to the recommendations of reviewers. Please find below our responses to those comments, together with any corrections. We have revised the manuscript after due consideration of the comments and suggestions. Please contact me if you have any questions.

Sincerely,

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REVIEWER 1:

SPECIFIC COMMENTS TO AUTHORS

The article talks about a rare complication of cholecystolithiasis. 66 patients have very representative material for this disease. The authors made an accurate analysis of modern surgical strategies for the three types of Mirizzi syndrome, based on ten years of material. I am impressed by the assessment of diagnostic methods and surgical methods of treatment described in the article (laparoscopy and laparotomy). This article is

recommended for publication.

Response: Thank you for your affirmation and praise of our article. This will encourage us to do more work in academic research.

REVIEWER 2:

SPECIFIC COMMENTS TO AUTHORS

1. List out the contributions and the organization of the paper below the introduction paper.

Response: Thank you for your comments. We have made targeted revisions according to your suggestions and the requirements of the journal.

2. Add an architecture depicting the system model of the proposed work.

Response: We hope we grasped the problem correctly. Our understanding is that a flowchart to deal with Mirizzi syndrome (MS) should be presented. We tried to achieve this. However, because this is a retrospective study, the flowchart may not be applicable to every medical center, especially those hospitals with more diverse medical facilities (ERCP, etc.). Therefore, we only provide a flowchart of the processing strategy described in the manuscript.

3. In the Introduction section, the drawbacks of each conventional technique should be described clearly.

Response: According to your suggestion, we added some contents in the Introduction section to describe the advantages and drawbacks of different methods, and elaborated more in the discussion section to avoid too much repetition in the Introduction section.

4. You should emphasize the difference between other methods to clarify the position of this work further.

5. The Wide ranges of applications need to be addressed in the Introduction.

6. Add the advantages of the proposed system in one quoted line for justifying the proposed approach in the Introduction section.

Response: We think these three questions are relevant, so we reply together. Compared with other studies, the advantage of the strategy proposed in this study is to determine the classification according to the basic imaging examination (MRI/MRCP) and intraoperative findings, and select different specific surgical methods to complete the surgical treatment of Mirizzi syndrome according to the doctor's clinical skills and experience. Based on the results of our retrospective study, the safety and effectiveness of this strategy are guaranteed such as cholangiojejunostomy was avoided, and the demand for additional equipment and personnel (ERCP, robotic surgery, etc.) is very low. This strategy may be more suitable for areas and hospitals with insufficient medical resources. The above contents have been described and emphasized in the relevant parts of the manuscript.

7. In the introduction, the findings of the present research work should be compared with the recent work of the same field towards claiming the contribution made, kindly provide several references to substantiate the claim made in the abstract (that is, provide references to other groups who do or have done research in this area).

Response: We consider that as a retrospective study, the comparison between our study and other studies is more appropriate and logical in the discussion section. Of course, according to your suggestion, we supplemented some contents and references, focusing on the comparison with a study from Singapore to emphasize the results and advantages of our study.

8. Authors can refer to some latest related works from reputed journals like IEEE/ACM Transactions, Elsevier, Inderscience, Springer, Taylor & Francis, etc.

Response: Thank you for your comments, which may enable us to obtain more literature sources. We mainly obtain literature through PubMed, which usually has a cooperative relationship with the literature library you suggest

or can provide relevant links. Moreover, since there are few clinical studies on MS, we have referred to the latest relevant literature as much as possible.

Science editor's comments:

The study gathered their own experience of surgical management for MS in a ten-year period. Generally, MS is a rare disease entity, and the manuscript is well written. However, the results and conclusion has no muck innovation for current clinical practice related to management of MS.

Response: Thank you for your comments. Clinical medical innovation is not easy, but it is also our pursuit. We hope that the surgical treatment strategy of MS can have a recognized and standardized scheme. However, more data need to be accumulated before forming the medical consensus of MS. Your comments are very correct and appropriate, which will spur us to continue to pursue innovation.