

**Dear Editor-in-Chief,**

Thanks for the Editor's and the Reviewers' comments on our manuscript entitled "Acute pancreatitis as a rare complication of gastrointestinal endoscopy: A case report. (No: 71424)". These comments are of utmost value to help us revise and improve our paper. We have studied the comments carefully and made amendments which we hope could meet with your approval.

I enclose herewith a revised manuscript which includes the full details of our responses to the Editor's and the Reviewers' comments. The revised portions are underlined in red. Please find enclosed our point-by-point responses to these comments and questions.

**Response to Reviewers:**

**Reviewer #1:** *1. Not surprisingly, gastrointestinal endoscopy is not uncommon for severe vomiting. Nevertheless, if there have been few reports of pancreatitis secondary to endoscopy, it should be very cautious to show their association. At the very least, the authors should mention the possibility of developing pancreatitis due to nausea and vomiting, including a review of the literature, in order to justify their claim.*

**Response:**

We appreciate Reviewer #1's comments. We had mentioned the possibility in the discussion section, and added a review of the literature.

*2. Was this the first gastrointestinal endoscopy in this patient? What kind of measures are necessary if this case or cases with strong vomiting such as this case have to undergo endoscopy again?*

**Response:**

Thanks for the comments. It was the first gastrointestinal endoscopy for the patient. In China, due to cost issues, most patients undergo gastrointestinal endoscopy without sedation, In order to avoid complications caused by severe vomiting, patients must undergo painless gastrointestinal endoscopy.

*3. What were the values of hepatobiliary enzyme and CRP in Laboratory examinations? In addition, there is a lack of items used to classify the severity of pancreatitis, such as serum calcium and arterial blood gas findings.*

**Response:**

Thanks for the comments. Hepatobiliary enzyme; CRP serum calcium and arterial blood gas findings have been added into the laboratory examinations.

*4. Has contrast-enhanced CT examination been performed in this case? Contrast-enhanced CT is considered useful in assessing the severity of pancreatitis, but if not performed, it is necessary to explain why.*

**Response:**

Thanks for the comments.

She had performed contrast-enhanced CT, we added the Picture, the results showed pancreatic exudation without pancreatic necrosis.

*5. Minor comments; 1. In “Physical examination upon admission,” the description about Bowel sounds appears in two parts (page 4, line 14-16). It should be concisely described in one sentence.*

**Response:**

Thanks for the comments. We have made changes.

With best regards,

Yours sincerely,

Prof. Feiyun He, MD