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Dear Reviewers & Editors,

Thank you for your careful review of this manuscript. On behalf of my co-authors, I am submitting the revised manuscript entitled "Hem-o-lok clip migration to the common bile duct after laparoscopic common bile duct exploration: A case report and literature review" for possible publication in *world journal of clinical cases*. We believe that this case report falls within the scope of *world journal of clinical cases* and would be of particular interest to readers of your journal.

The submission was approved by all authors and none of the authors has any potential financial conflict of interest related to the manuscript.

We deeply appreciate your attention and consideration of our manuscript, and we look forward to receiving comments from the reviewers and editors.

Yours Sincerely,
Chao Li

Here is the reply to the Reviewers & Editors:

(1) Reviewer #1:

1. There are several spelling mistakes like fistula, and biloma in discussion and needs to be corrected (Fistula and Bilioma).

Reply to reviewer: we have corrected fistula to fistula (marked in red); however, the spelling of biloma is correct, please check.

2. In introduction, there are repetition of choledocholithiasis in line 4. the first one should be cholelithiasis.

Reply to reviewer: we have changed choledocholithiasis to cholelithiasis (marked in red).

3. Figure 3, 4 and 5 are irrelevant and must be removed.

Reply to reviewer: Figure 3, 4 and 5 have been removed.

4. From conclusion - "Patients who received LC or LCBDE operation should have a careful surveillance and strict follow-up to ensure safety" should be deleted as this is one of the rare complication and no surveillance is required rather following should be added "If patient with past history of laparoscopic cholecystectomy with or without CBD exploration, present with features of sepsis and Rt upper quadrant pain with or without derangement of LFT, clip migration may be considered as one of the differential diagnosis"

Reply to reviewer: Thank you very much for your kindly revise, we have changed this

sentence to “If patients with past history of LC with or without CBD exploration, present with features of sepsis and recurrent upper quadrant pain with or without derangement of liver function test, clip migration may be considered as one of the differential diagnosis.” (marked in red)

(2) Reviewer #2:

1. This report is well written, and their case is interesting. 2. However, cases of unexpected postoperative migration of foreign materials including clips had been already documented, and therefore, this report does not involve any new insight. 3. Authors summarized previous reports, and this paper is well written. I guess their work is suitable for another journal (not a case report) in Baishideng sister journals.

Reply to reviewer: Yes, there are already cases reported about unexpected postoperative migration of foreign materials including clips. However, in this manuscript we reviewed previous reports, and we are sure that the conclusions drawn from this article will be helpful to surgeons when they come about patients with past history of LC with or without CBD exploration, present with features of sepsis and recurrent upper quadrant pain with or without derangement of liver function test. Thank you very much for your kindly support to this article.

(3) Science editor:

This manuscript reported a case of Hem-o-lok clips migration into CBD after LC and LCBDE operation and reviews the relevant literature.

1. References [2-12] cited in INTRODUCTION are unreasonable, please verify and modify.

Reply to editor: We have verified that references [2-12] cited in INTRODUCTION are correct. The references [8,11,13] conclude several cases in which the clips migrated to not only the CBD, but also T-tube sinus wall or duodenum.

2. Please add the general title to Figure 2.

Reply to editor: General title “Migrated Hem-o-lok clips were detected and removed by Endoscopic retrograde cholangiopancreatography (ERCP)” to Figure 2 have been added. (marked in red)

3. Figures 3~5 appear to be irrelevant; furthermore, please supplement the new information presented in this study in Discussion.

Reply to editor: Figures 3-5 were deleted. The new information “Any type of surgical clips has a risk of migration. If a patient with a history of receiving LC or LCBDE, presents with features of recurrent upper quadrant pain with or without sepsis or liver function test derangement, clip displacement must be considered as one of the differential diagnosis.” presented in this study was supplemented in Discussion. (marked in red)