

Format for ANSWERING REVIEWERS



July 06, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: AMPpc3159_RUSH_kd1_edited_final.doc).

Title: Endoscopic retrograde cholangiopancreatography-related perforation: Management and prevention

Author: Varayu Prachayakul, Pitulak Aswakul

Name of Journal: *World Journal of Clinical cases*

ESPS Manuscript NO: 11048

The manuscript has been improved according to the suggestions of reviewers:

Reviewer 1#

1. The reviewer recommended the 'prevention section to be more comprehensive.

Answer: The authors did revised this part to be more comprehensive as highlighted in page 8-9

2. Difference between management strategies (early and late surgery) and clinical outcomes should be discussed in detailed.

Answer: The authors add this paragraph in the text body page 6 as the following ' The study of Miller et al.[11] showed that from 5 cases of type I perforation, 2 cases died related to delayed surgery (a case of delayed operation and one case which delayed diagnosis) while type II perforation 6 cases died related to delayed operation(initially conservative treatment strategy). This study obviously demonstrated a very high mortality, 40-50%, related to delayed surgical treatment. Therefore, some surgeons recommend management of ERCP-related perforation by immediate diagnosis and early surgery[22-24]."

3. Radiological drainage should be mentioned.

Answer: The authors add this paragraph in the text body page 6 as the following "The radiological interventions were also reported to be useful in some particular cases, especially the patients with localized retroperitoneal fluid collection without clinical sign of peritonitis[18]. "

4. The number and the reference in the second paragraph was not correct...

Answer : The authors summarized the number of patients in the study 14 and 15 and re- presented them in the different way as the following " After reviewing the previous studies of Kim et al. and Kwon et al.[14-15], a total of 62 cases, and re-classifying the cases using Kim et al.'s classification, the authors found that 80% of patients with type I perforation (20 from 25 cases) required surgery, whereas those with type II needed surgical treatment only 19% of the time(7 from 37 cases), respectively.' in the text body page 4

5. The authors should present their own data in more details...

Answer : The authors add this paragraph in the text body page 7 as the following " In our endoscopic center, which was a tertiary care-university based hospital, from January 2009 to June 2013 a total of 4,082 ERCP procedures was performed, showed a post-ERCP perforation rate of 0.29%(totally 12 cases which 10 cases were type I perforation and 2 cases was type II perforation). The average age of the patients was 73.3 years (65-91 years). All the patients were diagnosed during or immediately after finishing the ERCP procedures. Eighty-three percent underwent surgical correction while only 17% received conservative treatment. The mortality rate was 0%."

6. The reference for table 2

Answer: reference 24

7. The article need English editing

Answer: we did sent it for editing already.

Reviewer2 #

1. Is there any evidence of delayed diagnosis and immediate diagnosis.

Answer: The delayed diagnosis for type I and II perforation would be directly related to the delayed management (esp. surgery) which the evidence was mentioned in page 6 already.

2 The definition of delayed diagnosis

Answer ; The authors add this paragraph in the text body page 6 as the following" The delayed diagnosis in this review article was classify as more than 24 hours after the procedure(which the patient was sent back to the ward and the perforation was suspected because of abnormal vital or abdominal signs)."

Thank you again for publishing our manuscript in the *World Journal of Clinical cases*.

Sincerely yours,

Varayu Prachayakul

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