

January @, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 15752-revised.doc).

Title: Successful biliary drainage using a metal stent through the gastric stoma.

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

1 Format has been updated (**All revisions in the manuscript are indicated in red font.**)

2 Revision has been made according to the suggestions of the reviewer.

Reviewer No. 2941600

(1) Introduction: First sentence; `A trans-oral or trans-nasal approach is essential to the performance of endoscopic...` `To` needs to be replaced with `for`

Response

Thank you for your comment. We corrected the sentence as follows (page 3)

A trans-oral or trans-nasal approach is essential for the performance of endoscopic retrograde cholangiopancreatography (ERCP), although difficulties are often encountered in complicated cases when both approaches are problematic; for instance, in patients who have suffered a cerebrovascular accident or a head-and-neck cancer.

(2) Discussion: Second sentence; Discussion: Second sentence; "Mori et al^[7] reported two cases of ERCP thorough a gastric stoma..." thorough needs to be replaced with "through"

Response

Thank you for your comment. We corrected the sentence as follows (page 5)

Mori et al^[7] reported two cases of ERCP through a gastric stoma using an ultrathin endoscope (EG530N5; Fujifilm, Tokyo, Japan).

(3) Discussion: 2. Paragraph; 2. Sentence; "However, patients who underwent PEG due to upper gastrointestinal obstruction caused by benign or curable cancer are able to have a long survival." Better to give a reference.

Response

Thank you for your comment. We gave a reference about different prognosis of PEG insertion in various disease patients(page 5, 10. reference no. 9).

Rimon E, Kagansky N, Levy S. Percutaneous endoscopic gastrostomy; evidence of different prognosis in various patient subgroups. Age Ageing 2005; 34: 353-357 [PMID: 15901578]

(4) Discussion: 2. Paragraph; 3. Sentence; the authors state that “Although our patient had been suffering from pharynx cancer for the previous 6 years, it was almost cured by radiation therapy.” What was the patient’s true status? Under remission? Needs a better statement.

Response

Thank you for your comment. Pharynx cancer had become under remission. We added the sentence as follows (page 5)

Although our patient had been suffering from cancer of pharynx for the previous 6 years, it had become under remission by radiation therapy.

(5) Discussion: Sentence; “However, uncovered metallic stents such as Zilver635 are more suitable than covered metallic stents for an endoscope with a small working channel because of the thinner delivery of uncovered metallic stents” IS there a reference that can be given? OR is this authors’ statement?

Response

Thank you for your comment. There is no reference mentioned which is suitable covered or uncovered SEMS is suitable when we use an endoscope with small working channel. We added and corrected the sentence as follows (page 6)

Currently, the best of our knowledge, there is no covered metallic stents with 6F delivery systems. We consider uncovered metallic stents such as Zilver635 are more suitable than covered metallic stents for an endoscope with a small working channel because of the thinner delivery of uncovered metallic stents.

(6) Is this a new cancer of biliary tract?

Response

Thank you for your comment. Cancer of pharynx had become under remission by radiation therapy and her serum level of carcinoembryonic antigen 4.34 ng/ml (<5.00 ng/dl) is normal. According to the findings of CT image, we consider this is a new cancer of biliary tract.

Reviewer No. 2954022

(1) First paragraph, last line some patients are able to have a long life after PEG Please change to some patients have prolonged survival after PEG placement.

Response

Thank you your comment. We corrected the sentence as follows (page 3).

PEG has become the preferred method of providing long-term enteral nutrition and some patients have prolonged survival after PEG placement [2].

(2) Second paragraph, ultrathin endoscopy change to Endoscopy with ultra thin endoscopes

Response

Thank you your comment. We corrected the sentence as follows (page 3).

Endoscopy with ultra thin endoscopes was developed for various gastrointestinal conditions, and its benefits have been demonstrated in various situations^[3,4].

(3) Third paragraph A 78-year-old female was referred to our hospital for jaundice and fever, and had elevated serum levels of total bilirubin 11.5 mg/dL (normal range, 0.33-1.28 mg/dl), direct bilirubin 8.0 mg/dl (0.08-0.28 mg/dl), aspartate transaminase 220 U/L (10-35 U/L), alanine aminotransferase 223 U/L (7-42 U/L), alkaline phosphatase 2289 U/L (110-360 U/L), gamma-glutamyl transpeptidase 431 U/L (5-40 U/L), white cell count 8130 /ul (3500-8500 /ul), C-reactive protein 9.7 mg/dL (0.0-0.3 mg/dL), carcinoembryonic antigen 4.34 ng/ml (<5.00 ng/dl), and carbohydrate antigen 19-9, 2479 U/ml (< 40.0 U/ml). THE ABOVE CAN BE SUMMARIZED TO: A 78-year-old female was referred to our hospital for jaundice and fever, and liver enzymes revealed an obstructive pattern with a serum total bilirubin of 11.5 mg/dL.

Response

Thank you for your comment. We summarized these sentences as follows (page 3-4).

A 78-year-old female was referred to our hospital for jaundice and fever, and liver enzymes revealed an obstructive pattern with a serum total bilirubin of 11.5 mg/ dL(normal range, 0.33-1.28 mg/ dl).

(4) Pharynx cancer has to be changed to cancer of the pharynx I recommend revising the last paragraph with retention of the content.

Response

Thank you for your comment. We changed pharynx cancer to cancer of the pharynx in manuscript.

Questions to author

(1) Gastric bypass surgeries are increasing (Roux-en-Y) and above technique can be utilized provided a gastrostomy is in place. What is the current literature evidence regarding this. Couple of lines summarizing can be included.

Response

Thank you for your comment. Roux-en-Y gastric bypass (RYGB) is the most common bariatric surgery. The performance of ERCP in RYGB is challenging because of the long roux limb. In a recent study published in Surgical Endoscopy, Choi et al reported a retrospective comparative analysis of ERCP via percutaneous gastrostomy (GERCP) versus ERCP via double balloon-assisted enteroscopy (DBERCP) in patients with RYGB anatomy. We added the result of GERCP of this study and the reference as follows (page 4, 5, 10. reference no. 8).

In the current study, Choi et al reported the result of ERCP through a gastric stoma using a duodenal scope in patients with prior Roux-en-Y gastric bypass^[8]. In their report, of 44 patients 76 procedures, technical therapeutic success rate was 97% (74/76) and ERCP-related complication rate was 1.3% (1/76). However gastrostomy-related complication rate was 13.2% (10/76). They concluded it is hindered by the gastrostomy maturation delay and a higher morbidity.

(2) **What is 'inversion operation' described in figure 2.**

Response

Thank you for your comment. 'Inversion operation' means ultra thin endoscope was reversed in the duodenum to observe the papilla of Vater. Thus, this should be showed X-ray image. Figure 2 is an endoscopic image. We corrected the sentence in the legend of Figure 2 as follows (page 12)

Figure 2. Endoscopic view of the papilla of Vater obtained by looking up from the anal side of the duodenal second portion.

(3) I am not sure if a discussion between covered and uncovered is necessary in this case report. Is there any 6Fr deployment device for a covered stent? The choice probably is an uncovered stent given this restriction. I recommend retaining just this statement: Uncovered metallic stents such as Zilver635 are more suitable than covered metallic stents for an endoscope with a small working channel because of the thinner delivery of uncovered metallic stents.

Response

Thank you for your comments. We deleted a discussion between covered and uncovered and added the sentence as follows (page 6).

Currently, the best of our knowledge, there is no covered metallic stents with 6F delivery systems. We consider uncovered metallic stents such as Zilver635 are more suitable than covered metallic stents for an endoscope with a small working channel because of the thinner delivery of uncovered metallic stents.

3 References and typesetting were corrected

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

Sincerely yours,

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