

Name of Journal: World Journal of Gastrointestinal Endoscopy

ESPS Manuscript No: 18722

Reviewer No: 3261315

Comments: clearly written need more large recent series need correlation of perforations with pathologies

Thank you for your suggestions.

Unfortunately, ERCP-related perforation is an uncommon complication and all the studies are mainly case series. There are no larger series to be included.

The underlying pathology was referred in some studies, but in neither study a correlation between the pathologies and the incidence or outcome of perforation was mentioned..

Reviewer No: 3259061

Comments: Dear Editors: Please refer to the following comments on the submitted review article entitled "ERCP-related perforations. Diagnosis and management (Manuscript NO: 18722)". The article could be revised to make this paper more educative and I would like to recommend its "major revision" before considering its publication. The followings are the concerns: 1. The authors should provide a table to compare the differences between conservative treatment and surgery for the management of ERC-related perforations, such as indication, contraindication, advantages, disadvantages, mortality, -----. 2. The authors should provide a table to compare the differences between SEM, plastic biliary stenting, and PTBD for the non-surgical management of ERCP-related perforations. 3. The authors should concisely revise their former tables to summarize the results of the literature review. Many thanks for your invitation to review this paper. Sincerely yours,

Thank you for your suggestions.

Patients with type I perforations are usually treated surgically. Patients with type III, IV perforations are treated conservatively. The dilemma for operative or non-operative treatment arises in patients with type II injuries (sphincterotomy related). Most of these patients are treated initially non-operatively. Table 5 presents the results of initial non-surgical management of type II injuries, the incidence of required surgery and the outcome. We cannot compare between operative and non-operative treatment because surgery is indicated in patients with failed non-operative treatment. We have tried to improve table 5 (table 4 in the original manuscript) by adding a column with mortality after surgery and a comment in page 10 (second paragraph with highlighted text)

A new table (table 4) has been added, according to your suggestions, to compare the differences between SEMS, plastic stents and nasobiliary drains for the non-surgical management of ERCP-related perforations. and a reference for the table has been made in page 9 (second paragraph with highlighted text).

Reviewer No: 3317245

Comments: Well structured but very common topic. Nicely written. Good language.

Thank you for your comments.

We agree that it is a common topic, but the topic was suggested by us and accepted by the editor.