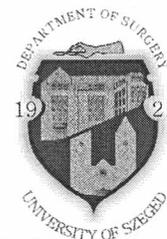


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Yuan Qi,  
Science Editor, Editorial Office

Szeged, 24 September 2015

**Baishideng Publishing Group Inc**

**RE : "Role of endoscopic clipping in the treatment of oesophageal perforations"**  
(Manuscript No 21792)

Dear Science Editor,

Thank you very much for your letter and for the overall positive criticism of our paper. Please find attached the above manuscript, which has been revised in accordance with the suggestions of the Reviewers. Our point-by-point response to the respective issues raised by the Reviewers is given below. We indicated the changes with yellow background in the manuscript.

Reviewer 1:

*II- interesting literature review on an important topic - language definitely needs revision by native speakers - wrong results about Endoscopic vacuum therapy (EVT)- esophageal stenosis in 40-60%???? not true, no literature - EVT with very good results and healing rates over 90% with almost no long term complications - Advantage of EVT: it can be used even at advanced stages - please discuss the problem of removal of OTSC in case of mediastinitis and change to EVT! If behind the OTSC it comes to mediastinitis or pleural empyema you would have to remove the clip in order to get acces for an EVT - alternatively you have to go for open surgery - this is why it is so important to use an closure with OTSC only in the very early period after perforation has happened.*

As recommended by the reviewer, we have had the manuscript checked by a native English speaker.

Indeed, the rate of oesophageal stenosis following EVT therapy is not 40-60%. It is 6-40%. We apologise for the typographical error. We have corrected this sentence in the text and included the appropriate reference.

**Due to excessive granulation tissue formation, oesophageal stenosis can occur later at a very high rate (40–60%). within a 6–40% range, but with an incidence of 15% in most cases<sup>[37]</sup>.**

We completely agree with the reviewer on the use of EVT in the case of mediastinitis (indeed, we stress this point more than once in the article). We have rounded out the discussion as per the reviewer's recommendation.

~~Endoscopic vacuum therapy may be helpful in reducing the inflammatory cavity and closing the remaining fistula in the case of chronic injuries, mediastinal/pleural inflammation in good localization<sup>[37,45]</sup>.~~

**Endoscopic vacuum therapy may be helpful in reducing the inflammatory cavity and closing the remaining fistula with good localization in the case of chronic injuries and mediastinal/pleural inflammation<sup>[37,45]</sup>. Following initial stent placement and removal in the treatment of an early, well-defined injury, a cavity marked by chronic inflammation may remain, one which may not be resolved with primary clipping alone. In these cases, EVT and/or surgical treatment (VATS) represent the primary therapeutic procedure<sup>[34-36, 45]</sup>.**

Reviewer 2:

- 1. If you can, you should show a statistically significant difference in the some issues.*
- 2. Since the application of treatment methods is different in various causes such as iatrogenic or spontaneous esophageal perforations, endoscopic clipping is not always superior to surgery or esophageal stenting.*

In agreement with the reviewer's point, we have completed a statistical analysis of results from treatment involving clipping for better comparability and inserted these findings into the article.

**Statistical analysis: Categorical data were analyzed using chi-square and Fisher's exact test (SPSS version 15.0 (© 2007 SPSS Inc.)).**

**Although TTS and OTSC clips were used for injuries of varying sizes, their success rates did not diverge significantly (88.8% vs 92.85%  $p>0.12$ ).**

**Experience shows that OTSC clips have provided relatively secure closure so far, but the success rate in acute cases (OTSC 57.7% (15/26) vs. TTS 100% (4/4) ( $p<0.05$ ) for fistulas; OTSC 77.7% (12/18) vs. TTS 54.5% (6/11) ( $p<0.05$ ) for leaks) differed significantly in the groups.**

We agree with the reviewer that endoscopic clipping only offers a therapeutic alternative in the surgical treatment of oesophageal perforation under well-defined conditions. We have re-written the abstract and the conclusion accordingly.

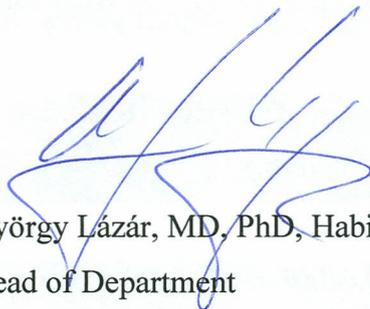
Based on experience so far, endoscopic clips represent a possible therapeutic alternative to surgery in the treatment of oesophageal perforations under well-defined conditions.

Based on experience so far, endoscopic clips represent a possible therapeutic alternative to surgery in the treatment of oesophageal perforations under well-defined conditions.

**Surgical treatment still constitutes the primary therapy in oesophageal perforation. Based on the results so far, we can state that endoscopic closure of early, well-defined oesophageal perforations represents a therapeutic alternative to surgical treatment.**

Finally, we would like to express our thanks to the Reviewers for their conscientious and constructive work. We hope that the revised manuscript is now acceptable for publication in World Journal of Gastrointestinal Endoscopy.

Sincerely yours,



György Lázár, MD, PhD, Habil.

Head of Department

Department of Surgery