

ANSWERING REVIEWERS

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Pitfalls in histoacryl glue injection therapy for oesophageal, gastric and ectopic varices: A review

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Only reviewer 1 had comments to be addressed.

1. The author should briefly discuss the pro and cons of TIPS in patients with refractory bleeding.

An expanded section on TIPS has been added:

"Data comparing gastric variceal glue injection with TIPSS is relatively scarce. Lo et al performed a prospective case controlled trial in patients who had presented with acute GV bleeding and who had been stabilised with vasoconstrictors and endotherapy (not glue) [14]. They found long term superiority for TIPSS in terms of rebleeding at 33 months (11% vs. 38%, $p = 0.01$), but equivalent survival. A retrospective study from the UK also found fewer rebleeds in the TIPSS group at 6 months (15% vs. 30%, $p = 0.005$), but again no differences in survival. A cost analysis showed far higher resource implications for TIPSS (\$4,138 US dollars (\$3,009-\$8,290 US dollars) for glue versus \$11,906 US dollars (\$8,200-\$16,770 US dollars) [15]."

2. There should be introduction of composition of glue and mode of action.

This has been added:

"Its chemical composition is a monomer, n-butyl-2-cyanoacrylate, which polymerises into a solid mass in contact with ionic materials including water or blood. This obturates, or fills, the vascular lumen and also encourages local thrombosis."

3. In technique's we have seen fluoroscopy of being value during the procedure, authors should discuss that. Also should discuss the cautions with handling the scope and protective gear for staff.

This has been added:

"Real-time fluoroscopy to assess for possible embolisation has also been described (see ref below), but this is better suited to elective re-injection of gastric varices and less achievable in the emergent scenario [20]. Great care should be taken by staff when preparing the glue. Any contact with the sclera or cornea can cause permanent injury, so goggles or full face masks should be used, and protocol for eye-washing well rehearsed. Patients with iodine allergies cannot receive Lipiodol. Permanent damage can also be done to the endoscope if glue polymerises in the working channel. Before the injection needle is withdrawn through the instrument the needle lumen should be flushed thoroughly. Small residues of polymerised glue may be visible on the tip of the needle, but this does not usually cause a problem."

4. Define babies in the introduction part.

We have clarified, "less than 2 years old".

5. If video illustrations are allowed; it will be excellent if a video of injection can be provided.

There are no video additions.

6. Language polishing is required.

This has been addressed.

7. Should make conclusion more concise.

The conclusion has been shortened.