

May 6 , 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2712-review.doc).

Title: Laparoendoscopic single site cholecystectomy versus three-port laparoscopic cholecystectomy: A large-scale retrospective study

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2712

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

1 Format has been updated

Yes, we have updated the format according to the guidelines for Brief Articles.

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

(1) Thanks for raising the important question about the safety of the single incision laparoscopic cholecystectomy, especially in terms of major complications, which was one of the major skepticisms on whether single incision laparoscopic cholecystectomy could be regarded as the gold standard for benign gallbladder diseases.

We performed the first case of laparo-endoscopic single-site cholecystectomy three years ago. Before that, we had performed nearly 1500 cases of three-port laparoscopic cholecystectomy in our department. There were indeed several cases of intra-operative artery bleeding (about 0.6%) or post-operative bile leakage (about 0.3%) occurring in the initial period but mostly in the patients with acute cholecystitis or peritoneal adhesions in the TPLCs group. We found that it would be more dangerous to perform LESSC than TPLC in these complicated patients because of limited operating vision and interference between the equipments. We therefore carried out laparoendoscopic single-site cholecystectomy in selected patients to minimize the risks of complications. As a result, no major complications such as intra-operative bile duct injury or post-operative bile leakage occurred in the two groups when the exclusion criteria were applied. However, the sample size was not large enough to evaluate their incidence with acceptable accuracy in the two techniques, especially in terms of major complications, more studies with a larger sample size are required. We have emphasized this aspect in the manuscript.

(2) We are very sorry for our negligence of missing the statement of BMI (Body Mass Index) in the criteria. In fact, those patients with a BMI greater than 35 were considered to be inappropriate to undergo either three-port laparoscopic cholecystectomy or laparoendoscopic single-site cholecystectomy. In other word, those patients with a BMI greater than 35 were excluded from this study. We have added this factor in the revised manuscript. In addition, we have indicated the clinical, laboratoristic and radiological criteria used to exclude patients with signs of acute cholecystitis. This retrospective study is inevitably affected by the well known bias due to this design, and we have underlined in the manuscript.

(3) Thank you for your comments that the main strength of this retrospective study is its large simple size; but because of the limitation of the design, the outcomes, including cosmetic satisfaction and postoperative pain, were all affected by performance bias.

We have made some adjustments in the interpretation of the results obtained for these outcomes.

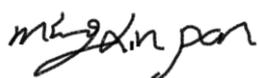
(4) The data on cost analysis have been revised and reported in US Dollars.

3 References and typesetting were corrected

Yes, we have checked all the references cited, giving both PMID and DOI.

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

Sincerely yours



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