Manuscript NO.:31374

Dear reviewers:

I am very grateful to your comments for the manuscript. According with your advice, we amended the relevant part in manuscript. All of your questions were answered below.

Reviewer 1(00227386):

Comment 1: The manuscript needs rewording in conjunction with a larger clearer diagrammatic picture to replace.

Reply:

A new diagrammatic picture has been replaced in the revised manuscript.

Comment 2:

Some words do not exist in the normal vocabulary.

Reply:

Most of these words are misspelled but have been modified in the revised manuscript.

Comment 3:

Figures 2 and 3 are not at all clear and Figures 4 and 5 could be made clearer.

Reply:

Because the device is poorly lead to the picture is not clear, we have been dealing with the software to make it more clear than

before. In future work we will pay more attention to make the picture more convenient to read.

Reviewer 2(03031317):

Comment 1:

Patient’s history is deficient.

Reply:

The patient’s history has been supplemented in the revised manuscript.

Comment 2:

Contrast study for altered anatomy prior to ERCP is not necessary in this patient?

Reply:

I have done in the text of the relevant comparison,the expression may be not clear enough. I've fixed it in the revised manuscript.

Comment 3:

What did you do for this stenosis?

Reply:

Proximal gastrectomy might result in postsurgical adhesion. Special care should be taken because the high risk of bleeding and perforation. So we try to pass the anastomotic stenosis introduced by the guide wire firstly. If it could not succeed , we will take some measures to expand anastomosis. Fortunately, we did it.

Comment 4:

Which type of guidewire?

Reply :

The information of guide wire has been supplemented in the revised manuscript.

Comment 5:

What is the cause of these CBD stones? Size, number and type? Is it primary or secondary? Why you inserted nasobiliary tube and not stent? What about GB? If there is problem with GB, did you resolve it in the same admission?

Reply :

The patient underwent cholecystectomy for gallbladder stones by laparoscopy one week ago, so we think these stones are secondary in that they have migrated from the gallbladder. The size of the stone is 1.1cm*1.4cm. We did not analyze the type of stone. But your comments will make us pay more attention on it in the future work. Gastrobiliary duct drainage is also a good choice for choledocholithiasis. However, the patient's general situation is not good because he has underwent the surgery, and his family poor economic conditions make us to choose nasobiliary tube.

Comment 6:

“It is difficult to meet because the overall is still relatively less.” Overall what?

Reply:

I've fixed it in the revised manuscript.

Comment 7:

Do you mean duodenoscope is easier to pass in narrow anastomosis than gastroscope? Why?

Reply:

I’m so sorry to make you confused. Because the high risk of bleeding and perforation for postsurgical adhesion, we minimize the operation of the anastomosis. We directly replace the gastroscopewith the duodenoscope to complete the ERCP and I've fixed it in the revised manuscript.

Comment 8:

In references 3,4 and 6 you wrote the first name of the author which may confuse the reader.

Reply:

The references 3,4 and 6 have been fixed in the revised manuscript.

ESPS Manuscript NO: 31374

Dear Editor,

We would like to thank World Journal of Gastrointestinal Endoscopy for giving us the opportunity to revise our manuscript. We have carefully taken your comments into consideration in preparing our revision, which has resulted in a paper that is clearer, more compelling. The misspelled words have been modified in the revised manuscript. We have dealt the images with the software to make them clearer. In future work we will pay more attention to make the image more convenient to read.

Thanks for considering our manuscript.

Best wishes, Dr. Zhang

Corresponding Author.