

**Dear Editor,**

Please find enclosed the edited manuscript in Word format (file name: rendezvous technique wjge.doc).

**Title:** A modified Rendezvous ERCP technique for postoperative retained stones in duodenal diverticulum: Antegrade cannulation of papilla via t-tube.

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**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 5155

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

## **RESPONSE TO REVIEWERS**

### **Reviewer-1**

#### **Comments:**

Abstract and methodology: 1.rendezvous should be Rendezvous. 2.sfincterotome should be sphincterotome 3.up to 25% of patients require two or more ERCP treatment: this needs to be supported by other recent references as it seems to be an exaggerated number.Less than 10% of patients need more than one ERCP. 4Patients waited for 21 days to be sure to have tractus on T-tube/C- tube: please re-phrase Technique: Under sedation anesthesia: what sedation you have used (drugs and dosages) Discussion:Endoscopic retrograde cholangiopancreatography was used primarily for the detection of CBD stones, today is more commonly used as a therapeutic modality : this statement is not correct.ERCP should be used with intention of therapy rather than mere diagnosis ,it should be therapeutic in more than 90% of cases. Martin et al. reported open

surgery as being more successful and being lower mortality than ERCP in CBDS [15]. : This is meant to be reference 13 and not 15 ,please check and correct. You have miss used the reference as the conclusion of Martin et al study is the following : [In the era of open cholecystectomy, open bile duct surgery was superior to ERCP in achieving CBD stone clearance. In the laparoscopic era, data are close to excluding a significant difference between laparoscopic and ERCP clearance of CBD stones. The use of ERCP necessitates increased number of procedures per patient.]. Therefore your statement is wrong and should be corrected to in laparoscopic era LECBDE showing comparable results to ERCP. For this small group of patients antegrade cannulation via T- tube can bring success rate up to nearly 100%.:This statement needs a reference. References need to be re-written to comply with journal format. Also references need to be checked for correct citation as an example reference 15 was cited for 13.

**Response:** Thank you very much for the nice comments about our article.

1. rendezvous is changed to Rendezvous.
2. sfincterotome is corrected as sphincterotome.
3. “up to 25% of patients require two or more ERCP treatment: this needs to be supported by other recent references as it seems to be an exaggerated number.Less than 10% of patients need more than one ERCP” is corrected by a new reference by Deng DH. et al. as 5%- 10% of patients require two or more ERCP treatment [5].
4. Patients waited for 21 days to be sure to have tractus on T- tube/C- tube is re-phrased as three weeks were waited for patients in order to keep from possible complications of premature extraction of T- tube.
5. Drugs and dosages have been added to article.
6. “ERCP should be used with intention of therapy rather than mere diagnosis, it should be therapeutic in more than 90% of cases” have been added to article and the statement of “endoscopic retrograde cholangiopancreatography was used primarily for the detection of CBD stones, today is more commonly used as therapeutic modality” is removed.
7. References are rearranged 15 is changed as 14. Miss usage of reference Martin et al. is corrected.
8. A new reference is added for the rendezvous method for the success of the procedure.
9. References are re-written to comply with journal format.

10. References are checked for correct citation.

## **Reviewer-2**

### **Comments:**

In this study Odabasi and Colleagues describe a modified rendezvous technique for ERCP in patients operated for common bile duct stones (CBDSs) having T- tube with retained CBDSs. A series of 7 cases underwent the procedure which consists of a modified rendezvous technique employed in the 5 cases with intradiverticular papilla. The authors concluded that modified rendezvous technique is very easy method and affects the success of postoperative ERCP especially in patients with large duodenal diverticula with intradiverticular papilla. Major comments 1. Although the concept of the technique seems logical and promising, study conclusions are based on preliminary experience with a small number of participants. So caution should be stated in regard to the widespread use of the technique before further studies. 2. A series of 7 cases is mentioned but the new technique was used in 5 patients. Please consider removing the 2 extra-cases. 3. The inclusion of the term “duodenal diverticulum” in the title would increase paper clarity. Specific points 4. Title: Please extend ‘ercp’ or put it in capital letters. 5. Abstract: avoid abbreviations or extend them in the first mention. 6. Introduction: I would include information about duodenal diverticulum and intradiverticular papilla as well as their role on ERCP performance. A short explanation about rendezvous technique would be useful for improving clarity. 7. Technique: There were 5 cases with duodenal diverticulum and 2 cases with impacted stones in the CBD. How was possible to push a guide wire into the duodenum in the presence of impacted stones? 8. Technique: the authors could provide information about patient discharge (length of stay, survival, etc). 9. Discussion: In my opinion is too long (almost a thousand words), exploring concepts somewhat far from the topic. It should be shortened. 10. Conclusion: I would use “increases the success” rather the “affects the success”.

**Response:** Thank you very much for the nice comments about our article.

1. Caution is stated in regard to the “widespread use of the technique before further studies” and added to conclusion.
2. Two extra patients are removed.
3. “ Duodenal diverticulum” is added to title.
4. Title: ERCP is put in capital letters.
5. Abstract: Abbreviations are avoided and extended in the first mention.

6. Introduction: Information about duodenal diverticulum and intradiverticular papilla as well as their role on ERCP performance are added.

7. Technique: Because 2 extra cases with impacted stones are removed, we don't need to explain how possible to push guide wire into the duodenum

8. Technique: Information about the patients' discharge is added.

9. Discussion is shortened.

10. Conclusion: We changed the term "affects" into "increases"

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

October 8, 2013