

Dear Editors and Reviewers:

RE: **Manuscript NO: 56494**, entitled **"Endoscopic Retrograde Cholangiopancreatography in the Treatment of Pancreaticopleural Fistula in Children"**.

We would like to thank **World Journal of Gastroenterology** for giving us an opportunity to revise our manuscript. We thanks to the Editors and Reviewers for your careful reading and thoughtful advice on previous draft. We have carefully taken your comments into consideration in preparing our revision, the quality of the revised article has been further improved. We appreciate for editors and Reviewers, and hope that this version of submission will meet with approval.

we have resolved all issues in the manuscript based on the peer review report and made a point-to-point response to the issues raised in the peer review report. as follows:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Thanks to the reviewer for the approval of our article.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

1. Complications of surgery and endoscopy are not mentioned. Technical details of surgical interventions and endoscopic procedures are also not discussed. Probably it will help to explain the prolonged hospital stay.

Thanks for your good proposal, We have taken the advice seriously and revised them in the text. The published results from case series suggest that endoscopy should be the first-line therapy in pancreaticopleural fistula complicating chronic pancreatitis. Our data are consistent with the findings of most previous studies. The results of the literature review of studies published in the past decade indicated that the average recovery time following ERCP was slightly longer than that following surgery. As the reviewer mentioned, this result might have been related to either variations in techniques between surgery and ERCP, but limited information from the publications reviewed. The literature describes multiple surgical procedures (including distal pancreatectomy with splenectomy, pancreatic duct anastomosis with an intestinal loop, pancreaticoduodenectomy, cystogastrostomy, and cystojejunostomy), which are traumatizing and associated with many complications such as leakage, intra-abdominal infections, and fistula recurrence. ERCP had less invasive treatment, a shorter postoperative recovery time, and a lower incidence of complications. All four patients treated with ERCP reportedly had a good prognosis with no complications. In summary, we believe that ERCP can reduce the hospitalization time and should be the preferred treatment for PPF in children. (p.13 line314-337)

2. The language quality (style and grammar) also needs corrections.

We have invited professional organizations to retouch the language style and grammar in accordance with the requirements of the magazine.

Science Editor

1. The authors need to add the complications of surgery and endoscopy, discuss the technical details of surgical interventions and endoscopic procedures. The questions raised by the reviewers should be answered;

Thanks for your reminding. We have accepted the opinions of the Reviewers and added the complications of surgery and endoscopy, discuss the technical details of surgical interventions and endoscopic procedures. **(p.13 line314-337)**

2. I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Thanks for your reminding. Original figure has been provided as required by the editors. **(p.23)**

3. I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.

Thanks for your good proposal. Article highlights have been added at the end of the text. **(p.15 line386-397)**