Response to reviewers' Comments:

We thank the reviewers for their comments and suggestions for our manuscript. We have made the requisite changes as per the reviewers comments. We hope it finds favour with the reviewers and the editors.

Reviewer #1:		
1.	This paper is too long, and there are several spell errors. For example, in the part "Pancreatic vs. Extra-pancreatic infections", walled of necrosis should be modified as "walled off necrosis". in the part "Timing of drainage: Is there an ideal time?", " Infect, the....." should be modified, etc.	Thank you for your keen observation. We agree that the topic is long. We've tried our best to edit the same. We've also made a deliberate attempt to correct the spelling mistakes manually and also using software for the same. All changes have been marked in red.
Reviewer #2:		
1.	Page1 Line 16: Treatment for etiology including hypertriglyceridemia and gallstone is also controversial in the early treatment of AP which should be discussed. For example, TG lowering therapy is one of research highlights in early treatment of AP	We humbly submit that the topic of our review pertains to the controversies in the management of AP. Per se there is no controversy in the management of hypertriglyceridemia leading to AP and we have discussed the role of ERCP in AP. Therefore we have not delved into this.
2.	Other kind of balanced salt solutions including sodium bicarbonate ringer and sodium acetate ringer also should be discussed in the initial fluid resuscitation	Thank you for your observation. We are in absolute agreement with the reviewer that newer agents like sodium bicarbonate ringers could be added but on careful review of literature : these agents have been used in settings such as orthotropic liver transplanatation and other critically ill patients**PMID: 36278205**., PMID: 36278205 Use of these agents in AP per se is not in vogue. Thus we have not discussed as the aim of writing this review was to summarize the known controversies in management of AP.
3.	Concept of deresuscitation might be discussed after adequate fluid	Thank you for your valuable comment

	resuscitation in the early phase	Our endeavour was to discuss the initial resuscitation. We have discussed the controversy regarding aggressive vs restricted fluid resuscitation supporting the same with RCTs and meta analysis (same has been marked in red). However, "de resuscitation' has possibly not been mentioned as a treatment strategy in any RCT. Standard guidelines on this subject mention standard fluid management after initial 72 hrs. We would be grateful if the reviewer could guide us to any of such text and we'll be glad to incorporate the same in our text.
4.	Target of protein and calorie intake of early EN is also important in early EN therapy and should be discussed and compared	Thank you for your suggestion. We are apologizing if we could not make the reviewer understand the aim of writing this article. **We wanted to incorporate 'well known' and 'researched' controversial aspects of management of AP.** While there is no doubt that protein and calorie requirement is an important part of nutritional management in AP, going into studies that compare the exact amount of protein and calorie content in AP would be digressing from the aim. We have included the recommended energy and protein requirements in our text(marked in red)
5.	Page12 Line 169: Sample size should be included	We apologize for this omission. The same has been rectified in modified text(Marked in red)
6.	Empirical antibiotics considered in patients suspected or confirmed infected necrosis instead of patients who fail to improve or worsen after 7-10 days of initial hospitalization. Words should be accurate without causing ambiguity	Thank you for this valid observation. We have rectified the statement(Marked in red)

7.	Management of persistent ascites should be different according to different causes.	We absolutely agree with your suggestion. The text has been modified (Marked in red)
Reviewer #3:		
1.	Regarding the statement immediately preceding Table 6; ~ except for Japanese guidelines which recommends prophylactic antibiotics in SAP and necrotising pancreatitis within 72 hours (Table 6). The recently updated Japanese Guideline 2021 revised this point regarding prophylactic antibiotics. Therefore, please specify the guideline for the 2015 version in the text to avoid misunderstandings	Thank you for your very valuable suggestion We have incorporated the 2021 Japanese guidelines in our text. Relevant topic on prophylactic antibiotics has been modified accordingly(Marked in red)
2.	Introduction, third paragraph, Certain issues like of intra-abdominal hypertension~ "of" is miss typing? 2. Used of balanced solutions like Ringer's lactate (RL)→Use?	Thank you for observation. We've incorporated the recommended changes(Marked in red)