

Dear Editors and Reviewers:

We would like to thank you for your suggestion and comments about our manuscript entitled “Application of Endoscopic Retrograde Cholangiopancreatography for Treatment of Obstructive Jaundice after Hepatoblastoma Surgery: A Case Report and Literature Review” (NO: 82022) All the comments made by the reviewers are valuable and helpful for improving our manuscript. We made all the necessary changes according to reviewer’s comments and we hope to meet with your approval.

All the changes we made in the revised manuscript are marked in red. The main corrections in our article and the responses to the reviewer’s comments are as follows:

REVIEWER 1 EVALUATION

Major Issues:

1. Several factors influence the outcome of the treatment. Please discuss these.

Thank you again for your advice. We think the factors influence the outcome include the followings:1. Scope of the first surgical resection, and the and the degree of bile duct injury. 2. The patient's own ability to repair and regenerate of the biliary tract.3. The patient's degree of adaptation to biliary balloon dilatation.4.The unobstructed time of the bile stent.5. The patient had systemic infections in several times. We revised it in our revised manuscript and highlight in red.

2. Please add more details of the limitations of this treatment.

Thank you again for your advice. We think the limitations of this treatment including follows:1.The final effect depends on how well the patient's biliary tract adapt to balloon dilation and the unobstructed time of the bile stent.2.Lack of metallic biliary stent(Diameter:4mm,length 4cm).3. Multiple ERCP operation may be required. We revised it in our revised manuscript and highlight in red.

3. What is the new knowledge of the report?

Dear reviewer, although this is a case report, we have the following innovations:1. ERCP was first report to be used in young children with biliary obstruction after hepatoblastoma surgery. 2. Good results were achieved through ERCP operation and step-by-step biliary duct expansion combined with medical treatment of liver protection.

4. Please recommend to the readers “How to apply this knowledge?”

We believe the indications include the following:1. Patients who are 10kg or over or 1 year old or over.2. A history of hepatectomy which may cause iatrogenic biliary stricture during surgery.3. Postoperative clinical findings, laboratory examination and imaging examination results suggested biliary obstruction. We revised it in our revised manuscript and highlight in red.

REVIEWER 2 EVALUATION

Major Issues:

1. You mentioned in the results section of the Abstract, "ERCP was performed due to the poor efficacy of anti-jaundice and hepatoprotective treatments." What treatment was given?

Preoperative treatment of jaundice and liver protection therapy were following: Reduced glutathione for injection(0.6g);Inosine injection(2mL); Ornithine aspartate injection(2.5g); Ademetionine(0.5g); qd,12 days. Ursodeoxycholic Acid, half plate, qd,14days.