

ANSWERING REVIEWERS

Dec 29, 2022

Dear Editor,

Please find enclosed the revised manuscript.

Title: Laparoscopic common bile duct exploration to treat choledocholithiasis in situs inversus patients: a technical review

Author: Bo-Ya Chiu, Shu-Hung Chuang, Shih-Chang Chuang, Kung-Kai Ku

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 03666075

The manuscript has been improved according to the suggestions of reviewers (we thank for the reviewers' comments sincerely):

1. Format has been updated.
2. Revision has been made according to the suggestions of the reviewers.

Reviewer 1:

This study by Shu-Hung Chuang (MD, PhD) and colleagues is very interesting. The authors have conducted a complicated biliary surgery and reviewed LCBDE in situs inversus patients with choledocholithiasis, which is very meaningful. However, I may ask a few questions about this manuscript.

1. Choledocholithiasis in situs inversus patients is rare, a timely diagnosis is difficult. Can you simply summarize the symptoms of patients with choledocholithiasis in situs inversus patients, so that emergency physicians or young doctors can make early judgments on this disease

Response: The symptoms and further physical examination needed for diagnosis of situs inversus patients with choledocholithiasis has been incorporated into the revised manuscript. (*On page 8, lines 15-22 in the revised manuscript*).

2. LCBDE and ERCP are both important surgical methods to deal with choledocholithiasis. To date, some situs inversus patents with choledocholithiasis have been successfully treated with ERCP. Would you please add some data of the treatment of ERCP.

Response: The literature review and associated data of ERCP conducted in SI patients has been incorporated into the revised manuscript. (*On page 8, lines 27-29; page 9, lines 1-3 in the revised manuscript*).

3. SILCBDE is a very excellent approach. Compared with LCBDE, can you briefly introduce the selection criteria for SILCBDE in your center.

Response: In our center, SILCBDE is the standard of care for choledocholithiasis and it is indicated for every patient who can tolerate regular laparoscopic surgery. There are no specific selection criteria for SILCBDE. (*On page 10, lines 3-4 in the revised manuscript*).

Reviewer 2:

Thanks for submitting the manuscript entitled “ Laparoscopic common bile duct exploration to treat choledocholithiasis in situs inversus patients: a technical review.” Suggest authors determine the type of review according to BPG’s standards for manuscript type and the appropriate topically relevant category Title: The title of the manuscript is interesting, and the research question is worth asking There are many grammatical errors, and Help from a professional agency may be sought if required Examples Abstract In these cases, the major problem is to overcome overcoming the left-right condition for right-handed surgeons. has been shown equivalent efficacy and (are)less responsible. fewer procedural interventions, cost-effectiveness effectiveness Core Tip: LCBDE has shown shorter hospital stays, fewer procedures, and more cost-effective cost-effectiveness in recent studies Herein we present an analysis of published SI patients with choledocholithiasis treated by LCBDE and our own case focusing on the technical aspects. RESULT most of them reported a four-port technique with America American mirror style[25, 26, 28] and many minor grammatical errors in other parts of the manuscripts.

Response: The manuscript has been sent to a professional English language editing company for language polishing.

Case report Suggest authors divide the case report into subsections like History, Physical examination, Laboratory values (with normal range listed), Other investigative modalities used, Differential diagnosis, Detailed Treatment/Plan, and finally the Outcome.

Response: The section of “Case report” had been modified according to reviewer’s opinions. We had added laboratory values with normal range listed and rearranged the manuscript by the order of reviewer’s suggestion. (*On page 6, lines 21-29; page 7, lines 1-8 in the revised manuscript*).

Authors must provide details on their suggested treatment plan for such cases step by step so that other clinicians can utilize the treatment protocol in case they ever encounter such a case in their practice.

Response: Thanks for your advice. We had added a practical algorithm for diagnosis and management to treat cholelithiasis and choledocholithiasis in SI patients as Figure 4.

Suggest authors determine the specifications of the Laparoscopic Set.

Response: In addition to a 5-mm 50-cm-long 30-degree laparoscope and a 5-mm flexible fiber choledochoscope set, only conventional straight laparoscopic instruments were needed (*On page 9, line 28-29; page 10, lines 1 in the revised manuscripts*).

Suggest authors add a figure of the laparoscopic port position.

Response: The single-incision multiple-port longitudinal-array (SIMPLY) technique or a commercial multichannel port could be used at the surgeon’s discretion (please refer to Figure 5A, 5B) (*On page 10, line 1-3 in the revised manuscripts*).

Discussion Suggest authors answer the below questions : What are the new phenomena that were found through experiments in this study? What are the new findings of this study? What are the new concepts that this study proposes? What are the limitations of the study and its findings? What are the future directions of the topic described in this manuscript? What are the questions/issues that remain to be solved? What are the questions that this study prompts for the authors to do next?

Response: The section of “Discussion” had been modified according to reviewer’s opinions. We also added a subsection to expound the limitation of our study. (*On page 11, lines 12-20 in the revised manuscript*).

References Suggest authors decrease the number of references, and just cite the latest, important,

and authoritative references

Response: We had decreased our references number from 101 to 74. The percentage of studies published in recent 5 years accounted for more than 60 percent in our updated references. We believe we had cited the latest and important reference according to reviewer's suggestion.

3. References and typesetting have been corrected.

Thank you again for considering our manuscript to be published in the *World Journal of Clinical Cases*.

Sincerely yours,

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