Answering reviewers

Reviewer	Modification
Reviewer #1: **Scientific Quality:** Grade B (Very good) **Language Quality:** Grade B (Minor language polishing) **Conclusion:** Accept (General priority) **Specific Comments to Authors:** This manuscript shares a rare complication after weight loss metabolism OAGB surgery: intestinal obstruction caused by gallstones Cholecystointestinal fistula is a rare disease. This case describes a case of intestinal obstruction caused by a gallstone passing through the fistula. Interestingly, due to the reconstruction of the digestive tract during OAGB surgery, the open portion of the duodenum was not significantly affected. The timely detection of intestinal obstruction and correct first-stage treatment enabled the patient to quickly recover from discharge. There are grammar errors in some English content, especially in the imaging section of the case introduction. It is recommended to modify it to conform to English grammar expressions. Overall, this manuscript reports a very rare postoperative complication of OAGB, with a detailed description of the patient's medical history such as chief complaint, physical examination, and auxiliary examination. The use of markers on captured imaging fragments enables clear visualization of the lesion site. Although some parts need to be modified, the overall article still has some reference significance.	Thank you for your review, I appreciate your comments, the grammar errors have been fixed. Here is the new imaging segment of the introduction: An abdomino-pelvic computed tomography scan with injection and ingestion of contrast was ordered (Figures 1.a, 1.b and 1.c). It showed a fistulous tract between the gallbladder and the duodenal bulb, extending over 15 mm. The fistula was confirmed with the leakage of the ingested contrast in the lumen of the gallbladder, which was not distended and contained an air-fluid level. It was associated with pneumobilia and small bowel dilation of 42 mm in diameter, with an intestinal segment in the right lower quadrant showing parietal thickening and submucosal edema upstream of a transition zone located at the level of the right iliac fossa, downstream of a probable oval intraluminal calculus of 45 mm. The previous findings evoking a GI with a probable gallstone located at the level of the efferent alimentary loop. It is associated with a trabeculation of the fat at the level of the two flanks, especially on the right, with perihepatic and pelvic ascites of low abundance. Sequelae of gastric surgery with gastro-jejunal anastomosis (Roux en Omega) was identified.
Reviewer #2: **Scientific Quality:** Grade B (Very good) **Language Quality:** Grade B (Minor language polishing) **Conclusion:** Accept (General priority) **Specific Comments to Authors:** A rare entity in a patient with gastric bypass. Although GI is well described in the literature, it can be defined as a rare condition seen in the	Thank you for your review, I appreciate your comments

presented article. The data and discussion contain information that will contribute to the reader. Radiological images are beautiful. I believe it will help the reader.	