

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This article describes the third case of biliary complication after endoscopic sleeve gastropasty. The case is well presented and well explained. In case presentation the authors report: "the abdominal cavity was insufflated with carbon dioxide". Do you routinely perform laparoscopy during ESG? I think you should also cite the latest article regarding this matter "DOI: 10.1016/S0140-6736(22)01280-6."

Answer:

No, in our endoscopic sleeve gastropasty procedures, we never perform laparoscopy. However, what we routinely do is use carbon dioxide (CO₂) to expand the gastric cavity during the endoscopic procedure. The possible confusion may have arisen due to the wording, as we mentioned "abdominal cavity" when we were actually referring to the "gastric cavity."

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The case report is well written, clear and concise and presents a rare complication of a common procedure. Although no major advancements in the management of abdominal complications after endoscopic procedures were presented, this case highlights the importance of multidisciplinary management of these patients, as well as the role of diagnostic laparoscopy. Special emphasis should be put on the multidisciplinary management, as well as the importance of early diagnosis.

Answer:

We appreciate the correction. It's important to note that our team consists of surgeons with endoscopic training. Therefore, the multidisciplinary management was straightforward, as we only relied on the radiology department, who suggested the presence of a suture in the gallbladder. In reality, the intention of the article was to emphasize the clinical presentation following the endoscopic sleeve gastropasty, where the presence of suggestive signs of cholecystitis immediately after the procedure should raise the possibility of gallbladder plication or injury, which is addressed through laparoscopic surgery. Without the suggestive findings in the tomography, we might not

have initially opted for laparoscopy. Nevertheless, we believe we can make the necessary revisions.