

Answering Reviewers

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Manuscript type: ORIGINAL ARTICLE

Title: Early Versus Late ERCP in Patients with Acute Cholangitis: A Nationwide Analysis.

Authors: Ramzi Mulki, Rushikesh Shah, Emad Qayed

Dear Editor,

We thank the reviewers for their interest in our manuscript and for their constructive comments. We have revised our manuscript as requested by the reviewers and editorial staff.

Response to 02995354

The study is well performed and the methodology is robust. While mentioning the limitations of this study, the authors may include one more limitation: Similar to most previous studies on the same topic, the timing of ERCP (Early versus Late) has been decided depending upon the time-lapse from the day of admission, rather than the onset of symptoms. Because of a delay in admission (for one reason or the other), many patients in the Early ERCP group might be having symptoms of cholangitis for >48 hours. Hence, in real sense, they underwent ERCP quite late, although they were included in Early ERCP group.

Thank you for your comments. We do recognize this as a limitation and have added it to the revised manuscript.

Response to 03720781

Acute cholangitis is considered a medical emergency, for which antibiotics and biliary drainage with ERCP are indicated. However, the optimal timing of ERCP in acute cholangitis has not been well established, and it could be dependent on the severity of cholangitis. The manuscript entitled “Early Versus Late ERCP in Patients with Acute Cholangitis: A Nationwide Analysis” discussed the optimal timing of ERCP in acute cholangitis and found early ERCP (<48 hours) is associated with lower in-hospital and 30-day mortality and readmissions compared to the late ERCP performed on days 2 to 7 of admission in patients with acute cholangitis regardless of severity. But we must note there is a risk of selection bias when they relied on ICD-9 codes for data collection

Thank you for your comment. We do acknowledge that selection bias is a limitation to our study as outlined in the manuscript.

Response to 02904481

This is a retrospective study focusing on the benefit of early ERCP for patients with acute cholangitis. The data were concrete and accurate. Some language needs to be polished.

Thank you for your comments. The article was reviewed once again for linguistic errors.

Response to 03706560

First of all, I congratulate the authors on the manuscript. This is an exciting paper. In the manuscript entitled, “Early Versus Late ERCP in Patients with

Acute Cholangitis: A Nationwide Analysis," the authors present a retrospective study using data from the National Readmissions Database. Adult patients hospitalized with acute cholangitis who underwent therapeutic ERCP within one week of admission were included. This is an interesting and multi-disciplinary subject, and the manuscript is well written. Despite the heterogeneous sample, the results reflect the results during clinical practice. The study confirms the fact that patients in cholangitis should receive early intervention.

Thank you for your comment. We do understand that this study has some limitations, however the findings could certainly be extrapolated to current clinical practice as you have eluted to.

Emad Qayed, MD, MPH