

Reviewer code: 00722050.

There are a number of incomplete paragraphs and very few documentation. A number of references are not discussed in the manuscript. I would expected more data, more accuracy and better layout from this University. There are some errors commenting the bacteria involved in acute cholangitis and it is strongly important that the author(s) involve a microbiologist. Misspellings are common (e.g. this criteria, etc.). I would add more microbiological data involving the microbiome and probably adding some comments on some blast analysis of genomes of bacteria. Figures are missing and such a review needs to add at least 6-7 more figures. Moreover, tables of differential diagnosis are also missing.

Responses:

1. There is no incomplete paragraph. More documentations have been added. More microbiological data are also added. Differential diagnoses added.

Reviewer's code: 02855928

1. Biliary sphincterotomy and drainage is a key. Figure 1 is diffuse. Please provide fine photo of endoscopy and cholangiography. 2. Please list a therapeutic option of emergent laparoscopic surgery (C-tube, not T-Tube). Currently, laparoscopic approach is the first choice for acute cholangitis even if endoscopic approaches fails. 3. Mirizzi syndrome is terrible during emergent surgery (Strasberg SM, Gastroenterology. 1995), even for cholecystectomy. From the view point of surgical therapies for acute cholecystitis with cholangitis, please list the important three articles. Strasberg SM. J Am Coll Surg. 1995 Jan;180(1):101 Callery MP. Surg Endosc. 2006;20(11):1654 Hori T. World J Gastroenterol. 2016;22(47):10287

Responses:

1. Biliary sphincterotomy and drainage is a key - mentioned. Fine photo and cholangiography added.
2. Therapeutic option of emergency laparoscopic surgery added

3. Mirizzi syndrome with three important articles added

Reviewer's code: 00032020

Manuscript NO: 34208 Title: Acute Cholangitis - an update. Manuscript Type: Review Dr. Monjur Ahmed This is an informative review. Two points should be considered in etiology and epidemiology. First, how about the relationship between acute cholangitis and lifestyle habitus? In general, it is recognized that fat-rich diet induces cholangitis. How about alcohol habitus? Next, there were case reports about repeated cholangitis. Author had better address repeated cholangitis after acute episode.

Responses:

Relationship between acute cholangitis and lifestyle habitus added. High fat diet and alcohol also mentioned in etiology. Recurrent pyogenic cholangitis also mentioned.