

July 21, 2022

Dear editor,

Please find attached files of revised manuscript in word format

Title: Clinical observation of laparoscopic cholecystectomy combined with endoscopic retrograde cholangiopancreatography or common bile duct lithotripsy

Name of Journal: World Journal of Clinical Cases

Manuscript NO: 70068

First of all, thank you for your careful guidance of this article. Revision has been made according to the suggestions of the reviewer:

Reviewer: 06080678

With the development of minimally invasive surgical techniques and modern medicine, laparoscopy has been popularized, among which laparoscopic cholecystectomy combined with ERCP and laparoscopic cholecystectomy combined with choledochotomy and lithotomy are more commonly used. However, both procedures have their unique characteristics and can achieve the treatment purpose. In this study, the clinical value of laparoscopic cholecystectomy combined with ERCP and laparoscopic cholecystectomy with common bile duct excision and stone extraction in one stage suture for the treatment of gallbladder and common bile duct stones was investigated. This study is very interesting and the manuscript is very well written. Comments: 1. The title is too long. Please short it. 2. The authors should discuss the limit of the study. 3. The tables should be moved to end of the text.

Reviewer: 06107956

1/ Introduction: The limitations of laparoscopic cholecystectomy, cholecystectomy, and T-tube implantation should be highlighted: for instance, the narrow common bile duct is difficult to suture, the low stone is difficult to remove, easy to ignore; What is the complication of biliary stricture or the effect of T-tube? It is for the above reasons that LC + ERCP is used to solve the above difficulties. However, this method also has certain limitations (retrograde infection, pancreatitis or good cooperation between a surgeon and a

gastroenterologist...). 2/ And from the above inadequacies that this study was carried out, in order to evaluate the treatment effectiveness of the two methods above; What does the above research mean to colleagues around the world?

After receiving the comments, we read the article carefully and found some small loopholes in the language of the article and made modifications and new language proofs are also provided. I cut the title and move the tables into the end of the manuscript. I discuss the limit of the study.

According to the suggestion, we changed the relevant description.

Thank you again for publishing our manuscript in the World Journal of Clinical Cases.

Sincerely Yours,

Yibo Tian