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Title: Percutaneous endoscopic necrosectomy for walled-off necrosis in the retroperitoneal space of the elderly: A case report

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Dear Editor,

Please find enclosed the resubmitted revised manuscript for the case report titled;

Percutaneous endoscopic necrosectomy for walled-off necrosis in the retroperitoneal space of the elderly: A case report

We have read thoroughly all the reviewer comments with the constructive criticism which I do respect for the perfection of the manuscript.

We have taken all comments into consideration and we answered the questions and revised the text accordingly.

I am herewith attaching the revised manuscript and the point replies to the reviewers.

I always do appreciate very much your support.

Reply to reviewers:

Reviewer 1: Dr. Tharavej (Number ID: 03881414)

- 1. The key point in this report is to emphasize the favorable outcome in the very old and frailty patient that is worth to be published.**

We emphasized that PEN was safely performed in the elderly. However, since the treatment took a long time and it became difficult to leave the hospital, I added a consideration about it.

- 2. There are a lot of minor mistakes in terms of misspell, redundant, grammar and spacing For example :**
For misspell : individuals should be individuals, An 88-year-old main should be man For redundant :
Therefore, as a treatment option, therefore, we selected percutaneous endoscopic necrosectomy in
older patients with WON developing in the retroperitoneal space. There are 2 therefore. For grammar :
percutaneous endoscopic necrosectomy can an alternate approach to surgical necrosectomy should
be percutaneous endoscopic necrosectomy can BE an alternate approach to surgical necrosectomy
A lot of spacing mistake in referenced 10. For example : Bakken JC, Baron TH. Use of partially covered
and fully covered selfexpandable metallic stents to establish percutaneous access for
endoscopicnecrosectomy. Endoscopy. 2011;43:A69.

I'm sorry, it was my carelessness. I fixed the misspell, redundant, grammar and spacing.

Reviewer 2; (Number ID: 03258862)

- 1. Why authors had performed necrosectomy after 3-days? Why authors had performed necrosectomy over 2-months?**

The reason why necrosectomy was performed 3 days after stent placement was that expansion was weak immediately after placement. In addition, it was considered that the stent was partially covered and there was a risk of migration if the scope was inserted immediately.

The reason why the necrosectomy took so long was the persistently high inflammatory response in the blood test and time required to remove the necrotic material from the ventral side of the kidney and pelvic cavity.

- 2. Any other accessories used like Roth's net or Multi-prong forceps for necrosectomy?**

In addition to snare forceps, grasping forceps were used for necrosectomy, but it was difficult to remove necrotic material. So, snare was mainly used. I added about the doctrine of necrosectomy.

- 3. Please discuss about sinus tract endoscopy.**

I added about necrosectomy procedure to discussion.

- 4. Grammatical errors noted.**

I'm sorry, it was my carelessness. I fixed it.

5. The new information in this manuscript is very limited.

Looking at previous reports of PEN, there were no reports of elderly people like this case. It was perspective that PEN can be safely performed even for elderly WON patients. I noted improvement in symptoms and successful removal of necrotic material with good results. However, as reviewers pointed out, the treatment period was long, and as a result, he was transferred to another hospital. In comparison with past reports, we considered the problems of this treatment course and methods for elderly completion of treatment for elderly WON patients.

Reviewer 3; (Number ID: 02544134)

1. There have been larger series published on surgical step-up approach.

I changed to "van Brunschot S, van Grinsven J, van Santvoort HC, et al. Endoscopic or surgical step-up approach for infected necrotising pancreatitis: a multicentre randomised trial. Lancet. 2018;391:51-8" as a quote for a surgical step-up approach.

2. There is no technical hint on how to do the procedure. The discussion repeats statements made earlier in the manuscript.

A discussion of PEN in the elderly was added, as well as the devices used in necrosectomy and the timing of stent removal. I fixed the part where the content overlaps with the introduction.

3. Figure 2 is of limited quality.

I deleted the Figure 2 on which the SEMS image that came out of the body and the endoscopic image of the necrosectomy.

4. He did not recover well and had to be transferred to another hospital after 6 months. The technique was described previously. The case is impressive for the extent of the necrosis, but nevertheless no new finding is mentioned.

As you pointed out, the hospital stay was long and it was difficult to leave the hospital at home. What I would like to mention in this case is that PEN was safely performed without complications in an elderly person nearly 90 years old. Due to persistent fever and malaise, it took time to perform necrosectomy of the remaining necrotic material. As a point that should have been improved, the amount of necrotic material in the WON was large in the

initial CT (Figure 1), and necrosectomy should have been added from early stage. The insertion of a drainage tube should have been considered when WON was encapsulated. Regarding these, although there are no reports of a large number of cases and further examination is necessary.