

World Journal of Clinical Cases

Manuscript ID: 88648

Title: Removal of a guidewire sliding into the abdominal cavity via transgastric natural orifice transluminal endoscopic surgery: a case report (with videos)

Dear editor and Reviewers:

We would like to thank you and the reviewers for reviewing our work and providing us with very helpful comments. In the revised manuscript and this letter, We have made our best effort to address all the points that the reviewers raised. The major changes in the new version of the manuscript are in red, so the reviewers and the editor can follow the modifications easier. Detailed revisions are as follows.

I have made changes as requested by Editorial Office's comments and suggestions. Please see the supplementary materials.

1. Please provide the Informed consent statement.
2. Please provide the Language certificate.
3. Please provide the CARE Checklist (2016).
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and $p < 0.01$.

8. Abbreviations other than special types of words such as COVID-19 and SARS-CoV-2 are not allowed in the article title, and no more than 18 words are allowed. The title cannot start with "the, a, an".
9. The structure of Abstract does not meet the requirements. The abstract includes five parts: "BACKGROUND", "CASE SUMMARY", and "CONCLUSION".

(88648-Answering Reviewers)

Reviewer #1:

The following revisions are made according to the comments of Reviewer #1.

1) Name of guide wire and procedures during which guide wire slid into peritoneal cavity is not mentioned.

Thanks for the reviewer's comment. A 64-year-old man presented with abdominal distension and was diagnosed with cirrhosis combined with massive ascites. To proceed with treatment, the patient underwent ultrasound-guided peritoneal puncture and underwent catheterization and drainage. Unfortunately, a 0.035-inch guidewire slipped into the abdominal cavity during the procedure (lines 22-26, 61-64).

2) What is the reason guidewire were not removed during laparotomy at initial procedures.

Thanks for the reviewer's comment. I'm sorry, I may not have been able to articulate the key details of this case. The patient was diagnosed with cirrhosis combined with massive ascites. To proceed with treatment, the patient underwent ultrasound-guided peritoneal puncture and underwent catheterization and drainage. Unfortunately, a 0.035-inch guidewire slipped into the abdominal cavity during the procedure. The patient did not undergo open *laparotomy* surgery. Considering the patient's advanced age and deteriorating health condition, the decision was made to remove the guidewire through transgastric natural orifice transluminal endoscopic surgery (NOTES).

3) *Laproscopy is far more available and cost effective?*

Thanks for the reviewer's comment. ***Laproscopy is not far more available and cost effective.*** Laparoscopic surgery was significantly more traumatic and increased surgical risk compared to NOTES. Combined with the patient's advanced age and frailty, and after a multidisciplinary consultation opinion, a transgastric NOTES procedure was finally chosen to remove the guidewire.

4) *Is ÑOTES safe indication in decompensated cirrhotics ?*

Thanks for the reviewer's comment. Although the liver function of this patient is poor, after our comprehensive internal medicine treatment, the decompensated stage of liver cirrhosis has become a compensated stage, and the coagulation function is acceptable. After multidisciplinary consultation, the patient is considered to have no contraindications to the NOTES procedure.

5) *Leaving a foreign body in body cavity invites for medicolegal issues.*

Thanks for the reviewer's comment. Guidewires play a crucial role in various medical interventional procedures. It is very common that two instances of guidewire retention during central venous catheter (CVC) insertion arise each month. When the guidewire slipped into the abdominal cavity, the patient did not experience significant discomfort at the time. We communicated fully with the patient, who expressed understanding and willingness to actively cooperate with the surgery to remove the intra-abdominal guidewire.

Sincerely,

Daya Zhang & Shuo Yang