

## Response to Reviewers

*Reviewer #1 (ID 02554726):*

**Comments:**

This is a well composed review article on "the Safety and efficacy of percutaneous transhepatic balloon dilation in removing common bile duct stones". However, future randomized trial on the efficacy and safety of this procedure and endoscopic sphincterotomy is needed.

**Answer to reviewer:**

First of all, thanks for your advanced suggestion. Frankly speaking, the team of our department is now collecting and analyzing the data of a randomized trial on percutaneous transhepatic balloon dilation and endoscopic sphincterotomy. I believe the paper of this randomized trial will be published this year.

*Reviewer #2 (ID 00047664):*

**Comments:**

Thank you for submitting your interesting review article to World Journal of Gastroenterology. Although the focus of this study is interesting, the article does not contain what clinicians need to be of use. Criteria for patient selection in each study should be sufficiently reviewed to evaluate technical success rates. Were only patients who received percutaneous transhepatic papillary balloon dilation (PTBD) included? Or were all patients in whom endoscopic approaches had failed enrolled? I think that case reports should be eliminated from procedural success analysis because they only report successful cases. In addition, indications and reasons for applications of PTBD in each study should be described in more detail. A table which summarizes reviewed publications would be helpful. It should include publication year, number of patients, study design, patient selection criteria, and evaluated

outcomes. Please consider using an abbreviation other than PTBD because PTBD commonly stands for percutaneous transhepatic biliary drainage. I recommend using PPBD, which you mistakenly used in the Results section, or another abbreviation.

**Answer to Reviewer:**

First of all, thank you for your comments. In this Systematic Review, all patients were treated with PTBD for CBD stone removal, and 111 patients who had CBD stones and gallbladder stones concurrently were treated by a combination therapy of PTBD and an additional procedure.

Indications cited in these studies for the use of the PTBD procedure to remove stones were: unsuitable for endoscopic procedure due to the poor condition or other additional disease (n=130), unsuccessful endoscopic removal (n=88), and unsuccessful basket extraction (n=2).

Indications and reasons for applications of PTBD was not described in more detail due to the largest case series (n=916) did not mention the other forms of treatment or the patients' additional diseases.

Although Case Reports only describe their success case, according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, there is no rules that Case Reports must be excluded. Moreover, some special Case Reports included in this Systematic Review were very meaningful.

*Reviewer #3 (ID 01557045)*

**Comments:** None

*Reviewer #4 (ID 02537509)*

**Comments:**

I have read this manuscript with great interest. This systematic review is very interesting and instructive. It is worth publishing in the WJG. Comment: It is

surprising that no pancreatitis cases were reported.

**Answer to Reviewer:**

Firstly, I really appreciate your interests in this topic. According to the manuscripts we searched online, there are indeed no reports of pancreatitis. Routine placement of internal and external biliary drainage tubes can effectively reduce the incidence of pancreatitis by reducing the intrabiliary pressure. Although hyperamylasemia, as a minor complication, was reported in few cases, it can be easily controlled by conservative treatment.

*Reviewer # 5 (ID 00053888)*

**Comments:**

The authors have produced a meta-analysis of percutaneous studies to remove bile duct stones. This manuscript is a useful piece of work but the authors have made a number of recommendations in their discussion. The authors should be very careful because the data presented does not support their recommendations. I suspect that these are given on the basis of their own practice but they do not have a place in a meta-analysis. These recommendations would be better suited in a review article where an author has more scope to make such recommendations. There are a small number of grammatical errors but I think that the manuscript could be improved before publication.

**Answer to Reviewer:**

First of all, thank you for your comments. It is important to know that the type of this manuscript is Systematic Review, not a Meta-Analysis. Although I agree with your comments that recommendations should not be given in a Meta-analysis, it is more suitable in a review article, which happened to be the type of our manuscript. In the MATERIALS AND METHODS section, I had described the details of our search strategy and the recommendations were

summarized from these manuscript, not from our own experience. As for the language quality, this manuscript had undergone language-editing by Editage and I had submitted the certificate of editing. Although British English is different from American English, it is hard to accept your comments of language quality is Rejection.