

ANSWERING REVIEWERS



May 16, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10241-review.doc).

Title: Immediate detection of endoscopic retrograde cholangiopancreatography-related periampullary perforation: fluoroscopy or endoscopy?

Author: Yasuaki Motomura, Kazuya Akahoshi, Junya Gibo, Kenji Kanayama, Shinichiro Fukuda, Shouhei Hamada, Yoshihiro Otsuka, Masaru Kubokawa, Kiyoshi Kajiyama, and Kazuhiko Nakamura

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10241

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) *You should speak what time of timing you operate in what kind of case operates what kind of case I should follow it up about in a perforation case conservatively because it is an article about the perforation.*

We added some phrases and sentences concerning surgical intervention as below.

Discussion-on page 11 in the revised manuscript.

Thus immediate/early detection is considered to be one of the most important factors, and not the only factor, contributing to the successful management of ERCP-related duodenal perforation.

Discussion-on page 12 in the revised manuscript.

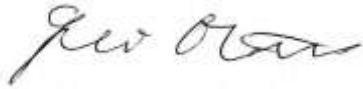
Another important factor in the management of ERCP-related duodenal perforation is the timing of the surgical intervention performed to resolve the complication. It has been reported that delay in surgical intervention leads to poor outcomes^[4,8,12,13,18-20]. Although most of the type II periampullary perforations are considered to be manageable by conservative (nonsurgical) approaches^[3-7], surgical intervention is recommended when the accumulation of fluid in the peritoneal or retroperitoneal cavity persists^[4,12,16]. In the current study, one patient (Case 2) fit this indication for surgical intervention; additionally, this was the only case that showed contrast media leakage, suggesting that the presence of contrast leakage may correlate with indication of surgery^[4].

3 References and typesetting were corrected

4 English editing was certificated by Ameditor.com.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Yasuaki Motomura', written in a cursive style.

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