

## ANSWERING REVIEWERS

January 28, 2015

Dear Editor,



**Title:** Needle-Knife Fistulotomy versus Double-Guidewire Technique in Patients with Repetitive Unintentional Pancreatic Cannulations

**Author:** Su Jin Kim, Dae Hwan Kang, Hyung Wook Kim, Choel Woong Choi, Su Bum Park, Byeong Jun Song, Young Mi Hong

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**ESPS Manuscript NO:** 15682

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) We have described the kind of ERCP catheter and hydrophilic guidewire.

(2) As the reviewer pointed out, we have mentioned the technique (NKF) to overcome difficult cannulations in 158 patients without repetitive pancreatic cannulation. And, poor condition prohibited to receive an alternative approach. We have revised this point to be more comprehensive.

(3) It appears worthwhile to repeat the ERCP in a short interval (at least 2 days after first ERCP) because the papillary edema induced by a precut or repeated attempts of cannulation can resolve. This can increase the chance to identify the opening of the bile duct and facilitate the guidewire insertion. If the patient's condition permitted delay of procedure for the therapeutic purpose, we tried to perform 2<sup>nd</sup> ERCP. We have described regarding the decision to perform repeated ERCP (in Methods - Endoscopic procedure)

(4) As the reviewer pointed out, endoscopist achieved a wire-guided biliary cannulation (standard cannulation) after assignment to the DGT group. We have revised the description to be more comprehensive.

(5) We have added the description about courses after failure of assigned procedures (in Methods - Patients and study design).

(6) We agree with the reviewer that NKF is difficult for small papilla. However, endoscopists did not convert from NKF to DGT because of papillary edema with distortion of the papillary anatomy induced by a precut and repeated attempts.

(7) As the reviewer pointed out, a case of perforation occurred during NKF procedure because of the small papilla.

3 References and typesetting were corrected

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

Sincerely yours,

Su Jin Kim, MD and Dae Hwan Kang, MD, PhD

Dept. of Internal Medicine  
Pusan National University Yangsan Hospital  
Geumo-ro 20, Mulgeum-eup, Yangsan-si, Kyungsangnam-do, 626-770, Korea  
Fax: +82-55-360-1536  
E-mail: sulsulpul@naver.com