Format for ANSWERING REVIEWERS

August 25, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 12433-edited.doc). All the revisions were highlighted in yellow color.

Title: A case of stent displacement during pancreatic pseudocyst drainage and endoscopic management (changed to: Stent displacement in endoscopic pancreatic pseudocyst drainage and endoscopic management)

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Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated.
2 References and typesetting were corrected
3 Revision has been made according to the suggestions of the reviewer:

Reviewer 1

"……there seems to be no point in your argument that using both fluroscopy and EUS can avoid stent displacment, because your study employed both these methods and still ended up having the complication."

Response: Special thanks for the Reviewers' good comments. We are very sorry for our vague expressions. We have re-written this part. In this case, the procedure of PPC location and cyst fluid aspiration were guided by EUS, the procedure of guide wire introduction and stent placement were guided only by the fluoroscopy. Because the fluoroscopy can simply provide a two-dimensional image, we considered that the migration vertical to the x-ray might have been overlooked. Hence, both the EUS and fluoroscopy should be used for confirmation of the position of the stent.

Reviewer 2

1. Was the entire double pigtail stent in the lesser sac?

Response: Yes. The entire stent had migrated into the lesser peritoneal sac shown by CT scan. We have re-written this part.

2. Was there a visible hole in the stomach leading to the lesser sac? Did you then place a wire or dilating balloon directly into this hole?

Response: Yes. A visible hole was seen in the lesser curvature of the stomach, and was dilated using a 10-mm balloon. We have re-written this part.

3. Were there any unusual findings at the time of the first cystgastrostomy to suggest that there was a perforation?

Response: No. Only mild abdominal pain was noted after the procedure.

4. How did you decide to treat the complication endoscopically rather than surgically? Was the patient relatively stable without severe peritonitis?

Response: Three days after the procedure, localized tenderness in the epigastrium was noted on deep palpation without muscle spasm or rebound tenderness. Peritonitis was not obvious. So we attempted to remove the stent by endoscopic procedures.

5. Please clarify the following statement in the paper: "A drainage tube was placed in the lesser peritoneal sac. We then performed endoscopic drainage guided by EUS in another site of the stomach, and placed a nasobiliary drainage tube in the gastral cavity" What kind of drainage tube was placed in the lesser sac (percutaneous?) Was this done during the endoscopy? Where was the "nasobiliary drainage tube" placed- is this a nasogastric tube or something else?

Response: Special thanks for the Reviewers' good comments. We are very sorry for our vague expressions. We have re-written this part according to the Reviewer's suggestion. The nasobiliary drainage tube was placed in the lesser peritoneal sac. We performed endoscopic drainage guided by EUS in the posterior wall of the stomach, and placed one 10−Fr double−pigtail plastic stent into the pseudocyst. A nasogastric tube was then placed in the gastral cavity.

Reviewer 3

1. The cyst fluid had high amylase but was the cyst fluid CEA level also measured?

Response: Yes. The CEA and CA199 concentrations in cyst fluid of PPC were 64ng/ml and 35U/ml, respectively. We have added this part into our manuscript.

2. It would be useful to know what sedation/anaesthesia is used.

Response: Special thanks for the Reviewers' good comments. All the drainage procedures were carried out with propofol sedation and continuous cardiorespiratory monitoring.

3. During the procedure, did the wire remain in the cyst? Was the stent inserted over-the-wire?

Response: During the procedure, the guide wire was introduced through the needle and coiled as a quasi-circular shape in the fluoroscopy, which suggested the wire remained in the cyst. However, because the fluoroscopy can simply provide a two-dimensional image, we considered that the migration vertical to the x-ray might have been overlooked. The stent was inserted over the wire.

4. During the second procedure the authors state that a drainage tube was placed in the lesser sac. Was this via the transgastric fistula or percutaneously?

Response: The nasobiliary drainage tube was placed in the lesser peritoneal sac via the transgastric fistula.

5. I have not heard the term "gastral cavity" and think the authors mean cyst cavity.

Response: We are very sorry for our negligence. We have re-written this part. A nasogastric tube was then placed in the gastric cavity.

6. The review of the literature dicusses migrated stents but in the majority of these cases the stent has entered the cyst cavity. I think that the authors should describe how they think the current complication occured and discuss this novel method of retrieval in more detail.

Response: Special thanks for the Reviewers' good comments. We are very sorry for our vague expressions. We have re-written this part both in the RESULT and DISCUSSTION sections.

7. The authors suggest using EUS and fluoroscopy to prevent such complications but other methods such as marking the mid point of the stent are also used.

Response: In this case, the mid point of stent was also marked, however, the main reason, we considered, leading to the stent displacement may be the ignorance of EUS image during the placement and confirmation of the stent.

8. Last paragraph "conclusion" correct spelling.

Response: We are very sorry for our negligence. We have re-written this part.

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

Sincerely yours,

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