

Based on the comments from the reviewer, we have made changes of the manuscript, which are detailed below. Please note that reviewer comments are indicated in italics. Our replies are in bold black font. Texts that are referred to in our replies are indicated by grey highlighting.

Reviewer's code: 02441458

COMMENTS TO AUTHORS

The manuscript, which I reviewed with interest, presents a modification of single transluminal gateway transcystic multiple drainage technique. The authors used this technique to access a separated necrotic collection which extended along the left paracolic gutter. This collection was not adjacent to the stomach, and therefore not amenable to standard transluminal drainage. Eventually, this collection was accessed transluminally through the main cavity under visual guidance and 2 pigtail stents were placed. As a result, the collection resolved. This technique represents an original solution to management of wall-off necrosis extending far away from the lesser sac, which otherwise would need additional percutaneous or surgical approach. This case-report is well-written, the subject is vital and thoroughly discussed in the manuscript, and the paper merits publication in World Journal of Gastroenterology.

Comments:

- 1. The percentage of pancreatic necrosis and/or CTSI should be included in the case description.*

A1. Thank you for your helpful comments. CT severity index (Balthazar score) was 6. We have added the Balthazar CT severity index for acute pancreatitis in the main text and also an article describing about it as reference.

Reference: Balthazar EJ, Robinson DL, Megibow AJ, Ranson JH. Acute pancreatitis: value of CT in establishing prognosis. Radiology. 1990;174:331–336.

- 2. Have the pigtail stents been already removed? If so, when did it take place and is there any long-term follow-up after removal of the stents?*

A2. We appreciate your important comments. The pigtail stents have been left in place because the previous studies revealed that in patients who have undergone successful transluminal drainage of pancreatic-collections, stent retrieval was associated with higher recurrence rates. We have added the following sentences and articles about this issue as references.

In this case, the pig-tail stents have been left in place during 6 months follow-up. This is because the previous studies revealed that stent retrieval was associated with higher PFC recurrence rates.

References:

Arvanitakis M, Delhaye M, Bali MA, Matos C, De Maertelaer V, Le Moine O, Devière J. Pancreatic-fluid collections: a randomized controlled trial regarding stent removal after endoscopic transmural drainage. *Gastrointest Endosc.* 2007;65:609–619.

Bang JY, Wilcox CM, Trevino J, Ramesh J, Peter S, Hasan M, Hawes RH, Varadarajulu S. Factors impacting treatment outcomes in the endoscopic management of walled-off pancreatic necrosis. *J Gastroenterol Hepatol.* 2013; 28: 1725-1732.