Answering Reviewers

Name of journal: World Journal of Gastroenterology
Manuscript NO: 39440
Title: Regulating migration of esophageal stents: management using Sengstaken-Blakemore tube

Thank you very much for your review of our manuscript. We have made corrections and additions to our manuscript in response to the comments and instructions of Reviewers. Our incorporation of the reviewers' suggestions is as follows：

Response to Reviewer (Reviewer's code 00038617)
Thank you very much for your review of our manuscript.
1) We agree with the Reviewer's comment.
The following sentences have been added to the Introduction on page 4, line 12.

We used a Sengstaken-Blakemore tube (SBT) to position a fully covered self-expandable metallic stent (FSEMS) crossing the EGJ for perforation of the distal esophagus, which enabled correction of stent migration without endoscopic rearrangement. This treatment proved effective for regulating complete migration of the stent into the stomach, so we are reporting our findings.

2) We agree with the Reviewer's comment.
The following sentences have been added to the Abstract on page 3, line 13.

Using a FSEMS and SBT is a therapeutic method for correcting stent migration and regulating the complete migration of the stent into the stomach without the patient undergoing endoscopic rearrangement of the stent. It was effective for positioning a stent crossing the esophagogastric junction.

The following sentences have been added to the Introduction on page 4, line 4.

Stents that cross the esophagogastric junction (EGJ) are 7.5 times more

likely to migrate than stents that do not cross the EGJ.

3)We agree with the Reviewer's comment.
The following sentences have been added to the manuscript on page 4, line 33.

a FSEMS (Flexella-J; ELLA-CS., Ltd. Hradec Kralove, Czech Republic) of 110 mm in length and 23 mm in diameter

The following sentences have been added to the manuscript on page 5, line 28.

a FSEMS (Hanaro stent; M.I. Tech Co.Ltd) of 150 mm in length and 24 mm in diameter.

4) We agree with the Reviewer's comment.
The following sentences have been added to the manuscript on page 7, line 27.

Before the treatment, we offered an explanation that we would be using a SBT, which is intended for hemostasis in esophageal variceal rupture, to regulate stent migration and that this incurs risks such as bleeding during repositioning and tissue damage such as that form exacerbation of perforation. Treatment was begun after obtaining informed consent.

Response to Reviewer (Reviewer's code 00503460)
Thank you very much for your review of our manuscript.
I attempted to respond to your comments, but there is no table in the text. In addition, we found no literature that should be used for the figure.

Response to Reviewer (Reviewer's code 03474672)
Thank you very much for your review of our manuscript. We have made corrections and additions to our manuscript in response to the comments and instructions of Reviewers.

Tests at admission revealed that the focus was localized within the mediastinum, so a nonsurgical option was taken. However, on day 2 of hospitalization the mediastinum had ruptured, so a surgical option was taken. However, if surgery and drainage had been selected initially, it may have been

possible to avoid this treatment. It may have also been possible to avoid stent therapy by selecting treatment involving clipping of the perforation site for postoperative suture leakage. Management using a stent and SBT in this case was effective for positioning a stent crossing the EGJ for a distal esophageal perforation, but it may not be possible for proximal and central esophageal perforation.

The following sentences have been added to the manuscript on page 8, line 24.

This case report has problems. First, with case 1, if surgery and drainage had been selected as initial treatment at admission, stent therapy may have been avoided. Second, closure of the postoperative suture leakage with clips may have been more effective than this treatment. Third, management using a stent and SBT may not be effective for proximal and central esophageal perforations. Lastly, this method does not completely prevent stent migration.

It is stated in P6 Line 28 that the stent used was a fully covered SEMS (FSEMS). This information will also be added at the start of the paper.

The following sentences have been added to the abstract and introduction on page 3,4.

fully covered self expandable metallic stent(FSEMS)

It was simple to pass a SBT through the stent, and no migration occurred through contact with the stent. The SBT balloon retained and fixed the stent in place by inflating the balloon slightly larger than the caliber of the bottom end of the stent under fluoroscopy. If the balloon is not inflated enough, it cannot retain the stent. If it is inflated too much, it tends to be affected by gastric peristalsis. Thus, it is essential to check under fluoroscopy the amount of inflation that can retain the stent, which is slightly larger than the caliber of the bottom end of the stent, and fix the stent in place. The ED tube was inserted after insertion of the SBT, so the balloon was not inflated immediately. Stent migration was confirmed with a routine morning radiographic examination.

The following sentences have been added to the manuscript on page 7, line 4.

Passing a SBT through the stent was simple, and no migration occurred through contact with the stent.

The following sentences have been added to the manuscript on page 7, line 7.

If the balloon is not inflated enough, it cannot retain the stent, but if it is inflated too much, it tends to be affected by gastric peristalsis. Thus, it is essential to check under fluoroscopy the amount of inflation that can retain the stent, which is slightly larger than the caliber of the bottom end of the stent, and fix the stent in place.

The following sentences have been added to the manuscript on page 8, line 5.

The balloon was not inflated immediately after insertion of the SBT, but rather after insertion of the nasoenteric feeding tube

The following sentences have been added to the manuscript on page 7, line 17.

The stent migration was confirmed with a routine morning radiographic examination

The following sentences have been added to the Introduction on page 4, line 12.

We used a Sengstaken-Blakemore tube (SBT) to position a fully covered self-expandable metallic stent (FSEMS) crossing the EGJ for perforation of the distal esophagus, which enabled correction of stent migration without endoscopic rearrangement. This treatment proved effective for regulating complete migration of the stent into the stomach, so we are reporting our findings.

Response to Reviewer (Reviewer's code 00068388)

Thank you very much for your review of our manuscript.

We agree with the Reviewer's comment. We have made corrections and additions to our manuscript in response to the comments and instructions of Reviewers.

The following sentences have been added to the abstract on page 3, line 13.

Using a FSEMS and SBT is a therapeutic method for correcting stent migration and regulating the complete migration of the stent into the stomach without the patient undergoing endoscopic rearrangement of the stent. It was effective for positioning a stent crossing the esophagogastric junction.

The following sentences have been added to the manuscript on page 8, line 32.

This treatment is effective for positioning stents that cross the EGJ in distal esophageal perforation.

Response to Reviewer (Reviewer's code 02953383)

Thank you very much for your review of our manuscript.

1) We have made corrections and additions to our manuscript in response to the

comments of Reviewers.

The balloon spontaneously collapsed, so the balloon inflation and stent migration were evaluated during the routine morning radiographic examination for SBT maintenance. SBT fixation was implemented by fixing with a nasal tape only, without traction. During the stent and SBT therapy, both patients went to the toilet and underwent rehabilitation.

The following sentences have been added to the manuscript on page 7, line 12.

SBT fixation was implemented by fixing with a nasal tape only, without traction.

2) We have made corrections and additions to our manuscript in response to the

comments of Reviewers.

The following sentences have been added to the manuscript on page 7, line 17.

The stent migration was confirmed with a routine morning radiographic examination

3) Healing of the perforation site was not monitored with regular endoscopy. Once the drainage had stopped and the patient's general condition stabilized, the endoscopic examination was performed at the same time as the stent removal for both patients.

4) We have made corrections and additions to our manuscript in response to the
comments of Reviewers.

It means the nasoenteric feeding tube. The feeding tube was changed to a nasoenteric feeding tube in the manuscript.

We hope the revised manuscript has been improved satisfactory and that the revised version will be acceptable for publication in World Journal of Gastroenterology.

Sincerely yours,

Masahiro Kojika, MD