

POINT BY POINT REPLY TO COMMENTS

Reviewer: 1

Comments to the Author

This is an interesting case report. Overall, the article is well-written and easy to read, and the English language is adequate. I have a few questions and suggestions: 1. Blood tests such as serum haemoglobin, INR, platelet count, and d-dimer, etc. must be provided by the authors. 2. What was the serum urea and creatinine level? (One of the risk factors is CKD.) Was the patient on any antiplatelet medication (aspirin)? 3. How long did the authors wait for interventional treatment, given that many previously documented cases of hematoma spontaneously resolved? 4. It would be preferable if authors could additionally provide a CT image in coronal section revealing duodenal hematoma.

Our response: Many thanks for the positive comments.

Thank you for raising these points:

- 1. serum haemoglobin, INR, platelet count, and d-dimer were negatives and they were updated on manuscript;***
- 2. the serum urea and creatinine level were negatives;***
- 3. the patient did not taken antiplatelet medication;***
- 4. the interventional treatment was performed after 10 days: 8 days under intravenous antibiotic therapy during hospitalization, 2 days after discharged with clinical relapse;***
- 5. CT image in coronal section was updated and figure 1 was revised***

Reviewer: 2

Comments to the Author

The authors reported successful stent placement for IDH to relieve duodenal substenosis in a previously healthy adult. This is quite intriguing, provides further insights and may guide clinicians esp. advanced endoscopists to learn from this case report as a conservative approach had been well-known to use in the treatment of IDH. I had no objection for publication. However, this approach should be used carefully in other host or causes of IDH.

Our response: Thank you for raising these points. We completely agree with your point of view.

LAMS are increasingly used in interventional endoscopy. The use of LAMS are approved to treat peripancreatic collections and for gallbladder and bile duct drainage. Endoscopic drainage of intramural spontaneous duodenal hematoma (IDH) represents an off-label use of LAMS, safe and feasible only in expert hands. To reduce the rate of postoperative complications and improving clinical outcome a previous careful clinical evaluation focusing on coagulopathies is mandatory.

We also believe that advanced endoscopists can safely perform this procedures in community hospitals with outcomes as good as in academic centers as demonstrated in literature.

[Rajat Garg, Abdelkader Chaar, Susan Szpunar, Babu P. Mohan, Mohammed Barawi; Efficacy and Safety of Lumen-Apposing Stents for Management of Pancreatic Fluid Collections in a Community Hospital Setting; ClinEndosc 2020; 53(4): 480-486. Published online: October 16, 2019]