

Dear Sir /Madam

Thank you very much for taking the time to read and review our article, "Percutaneous Direct Endoscopic Necrosectomy," and for allowing us to amend and resubmit it. Your recommendations have been quite helpful. To the best of our abilities, we've integrated the revisions into the manuscript. The manuscript has certainly benefited from these insightful suggestions and comments.

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Specific Comments to Author

Reviewer #1: This is a Minireview. The authors tried to review the 'Percutaneous Direct Endoscopic Pancreatic Necrosectomy' as a safe, effective, minimally invasive adjunct in the infected pancreatic necrosis management. In this review, the authors have summarized the indications, techniques, advantages and disadvantages of this treatment technique along with review of literature including various studies till date. It is an interesting review. However, I have major reservations in recommending it for publishing in the present form.

Comment 1. The abstract only extracted the part of the introduction, could not reflect the full text, and the writing was not concise.

Answer : The abstract has been updated to match the complete content. Also, the text has been condensed.

Comment 2. English grammar and sentence is not standardized and fluent enough, which need further polishing and improvement.

Answer : The entire manuscript has been revised to improve its fluency and consistency.

Comment 3. Keywords are long and mostly repetitive.

Answer : The keyword list has been condensed. Repeated words have been omitted.

Comment 4. The heading level of the paragraphs is a little confused. For example, two cases were suddenly inserted into the paragraphs and then commented on them, which is a little disorganized.

Answer : The header levels of the paragraphs have been restructured to make the writing more fluent and uniform.

Comment 5. As a whole, the manuscript is neither a review nor an atypical case report. It is suggested that the authors reorganize the whole manuscript, whether to make a comprehensive review of " Percutaneous Direct Endoscopic Pancreatic Necrosectomy" or to report cases, and then revise the manuscript according to the corresponding format.

Answer : The entire work has been restructured as a 'Minireview'. We have made the required modifications to the article to make it more useful and up to date.

Reviewer #2: Vyawahare et al. present a mini-review about percutaneous direct endoscopy necrosectomy, which is well written, and about a matter of interest. Another recent review was published by Binda, World J of Emergency surgery in 2021, but the present study provides some interesting highlights, particularly in the tables. However, I have some minor comment.

Comment 1. Authors should provide an abbreviation list and should use way less abbreviations because we get lost (so many used: WOPN / IPN / PFC / PDEN / DEN / EUS / STE / TIVA / CRE / CECT / GI / ERCP / SAPDEN / FCSEMS/ SEMS...). For example, STE is the same as PDEN so why use both? You should only use PDEN once you explained that sinus tract endoscopy was the alternative name. Using both abbreviation for PDEN and DEN is confusing... sometimes it means the same, and sometimes it can relate to transmural direct endoscopy so you may clarify that. SAPDEN is a long and not a useful one. CRE and ERCP are not detailed and used only one time.

Answer : Fewer abbreviations have been used. According to the journal's guidelines, abbreviations are defined upon their first appearance in the text in different sections.

Comment 2. Regarding the “anaesthesia” chapter, to assert that TIVA can be performed, authors should provide references about cases series or reports where this type of anaesthesia is describe for PDEN.

Answer : References have been provided to describe TIVA.

[Section - Anaesthesia ; Line no - 1 to 3]

Although PDEN has been performed under general anaesthesia in a few case series [11,19], it has mostly been done under conscious sedation or total intravenous anaesthesia without endotracheal intubation (TIVA)[14,18,21,27].

Comment 3. About table 2 for disadvantages, Authors should precise the disadvantages compared to other techniques (such as transmural direct endoscopic necrosectomy, or surgical necrosectomy). For the first point, the meaning is that it is more invasive than transmural necrosectomy? The second point and the third are the same disadvantages than transmural direct endoscopic necrosectomy. The last point, pancreatic fistula, is the same disadvantages than VARD...

Answer : The table of advantages and disadvantages of PDEN has been updated accordingly. [*Table no 3*]