

General comments

The authors have made a considerable effort to present a minireview of this very interesting and important topic, by attempting to underline the emerging role of endoscopic management for iatrogenic bile duct injuries. Although the study is of clinical interest, it is poorly presented, insufficiently and incoherently organized, it is a simplified version of such a serious problem and as a result the article does not flow as one reads it.

Furthermore, the authors have not prepared the manuscript according to the Guidelines of the journal. The manuscript is not written by using 12 pt Book Antiqua font and 1.5 line spacing with ample margins. The Title page does not provide the information needed. The figures and tables are within the manuscript and not at the end, as indicated. The references are not cited correctly, PMID and DOI are missing. Finally, the manuscript has minor language and grammar issues that need to be addressed.

Response: Manuscript writing guidelines were reviewed and the article was revised

Specific comments

In the Introduction on line 106 the word *maneuver* is better expressed by the word *procedure*.

Response: Done and highlighted within the manuscript

Line 145 **DIAGNOSIS OF IBDIS**, the chapter needs to be rewritten in a more organized manner. The sentence on line 151 *The clinical manifestations may vary and are usually linked to the surgical event* needs to be expressed in more detail. The whole paragraph from line 151 to line 155 should better be under **MANIFESTATIONS AND ADVERSE EVENTS**.

Response: Done and highlighted within the manuscript

On line 156 the word *Earlier* does not clearly express when, so it should be replaced, perhaps *During the past decades* suits better.

Response: Done and highlighted within the manuscript

On line 183 a reference is needed.

Response: Done and highlighted within the manuscript

The chapters under line 195 **TIMING OF TREATMENT**, line 203 **SURGICAL MANAGEMENT OF IBDIS**, line 235 **EMERGING ROLE OF ENDOSCOPY**, line 244 **OPTIMAL TIMING OF ERCP INTERVENTION** are somehow confusing and not well organized. The headings are not precise e.g. **OPTIMAL TIMING OF ERCP INTERVENTION** should be a subtitle under **TIMING OF TREATMENT**.

On line 199 the authors mention that *Injuries diagnosed early in the postoperative period can be managed conservatively, endoscopically, surgically and sometimes by intervention radiology. In many instances the management of such injuries is multidisciplinary and tailored case by case.* They must also comment on timing of management when diagnosis of IBDI is made at a

On line 219 the authors state that *If IBDIs are diagnosed early postoperative with severe peritonitis the abdominal cavity needs prompt early drainage with either intervention radiology by US or CT-guided tube drainage or open surgical drainage may be an alternative.* There is no mention on timing of the above mentioned and on what is the final procedure for the management of the IBDI. Also, information is lacking concerning when and how to proceed if peritonitis or sepsis is present.

Response: Done and highlighted within the manuscript

On line 226 the authors state that *For patients with complete bile duct ligation with lost ductal continuity or whose IBDIs diagnosed late postoperative, surgery is indicated without delay, , the extrahepatic part of the bile duct system is to be replaced with a Roux-en-Y hepatico-jejunostomy.* This sentence seems confusing, MRCP is for diagnosis so it should be mentioned at that chapter.

Response: Done and highlighted within the manuscript

On lines 231, 240 260, 306, and 382 references are missing.

Response: Done and highlighted within the manuscript

In **ERCP Interventions** section on line 336 the word *maneuver* is better expressed by the word *procedure*.

Response: Done and highlighted within the manuscript

On line 343 the sentences *The sphincterotomy will induce diminishing the pressure exerted over the stent while the properly inserted stent will secure the site of the leak and give chance for healing. It worth mentioning that, cases with stent insertion without performing sphincterotomy were associated with risk of pancreatitis* need to be rewritten as linguistic issues appear.

Response: Done and highlighted within the manuscript