Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: I think the description in the summary section "All 424 cases were successfully operated without adverse events." is incorrect. Adverse events are defined as abnormalities in any clinical examination value and all diseases that occurred during the study. Does any patient have no adverse events? According to the text description, there should be no serious adverse events (death, serious cardiac and cerebrovascular accidents, etc.). In addition, the article describes intervention operation in detail and the authors do well. Data in the tables are very good, and well discussed. Thank you for giving opportunity to review your study.

Answer: Thank you. For your concern, in the patients we reviewed, no serious adverse events were indeed observed in all follow-up patients.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: A total of 424 patients with middle and low biliary obstruction who underwent percutaneous liver puncture biliary stent placement and catheter drainage from March 2016 to March 2022 were retrospectively analyzed in this study. The study is set up correctly. The results showed that the clinical efficacy of percutaneous left liver puncture is better than that of percutaneous right liver puncture. The article is informative and well presentation. This topic is actual and well described. The Results are presented clearly and have been discussed well. The figures show in detail the left/right hepatic ducts with percutaneous stent implantation and catheter drainage. Comments 1: Background descriptions of the article can be richer and could be added two different puncture paths in the treatment of middle and low biliary obstruction More current clinical applications. In addition, the ABSTRACT also needs to briefly introduce the background data of this study. Comments 2: Some confusion is described in the Results section. I recommend that this be described in subsections, such as the basic data of all patients, the comparison of clinical efficacy between the two groups, and the comparison of safety (occurrence of adverse events).

Answer: 1. The background has been updated.

2. The results section has been revised and updated. Some confused sections are revised.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other

related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: https://www.wignet.com/bpg/gerinfo/240.

Answer: Thanks! Language of the manuscript has been corrected.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

- (1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.
- (2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.
- (3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).
- (4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.
- (5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)
- (6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)
- (7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: Helicobacter pylori (H. pylori)

- (8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.
- (9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly

underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Answer: Thanks! Have been corrected

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom

right-hand side of the picture in PowerPoint (PPT): Copyright The Author(s) 2023. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Answer: Thanks! Have been corrected.