

**Dear Editor and reviewers, thanks for considering and reviewing our manuscript, and thanks for your valuable comments.**

**This is a point to point response to your comments; we are hoping that it will satisfy your valuable queries and comments, thanks.**

**Reviewer #1:** This article was to investigate the Role of Endoscopic Ultrasound in Evaluation of Patients with Missed Common Bile Duct Stones. The results showed that EUS is more accurate than MRCP in detecting non-floating stones in the papillary region and small stones, especially those less than 5 mm, and defining the size and number of stones. Some questions exist in the manuscript as below:

1. There are differences in endoscopic skill between endoscopists, it is better to analyze the data for expert and non-expert separately.

**Answer: Thanks for your comment. We analyzed the data and added it to the main manuscript and table 6.**

2. EUS and MRCP, which one was performed first? As well as whether the double-blind experiment is adopted, determined the accuracy of the experimental results.

**Answer: Thanks for your comment. MRCP was done few days before EUS then ERCP was done later on. The EUS operator was blind to MRCP examination. This was added to the manuscript.**

3. MRCP is non-invasive and easy to perform. Is the coincidence rate of MRCP combined with EUS higher than that of single diagnosis? It should be considered in the experimental group design.

**Answer: Thanks for your valuable comment. Yes, additional statistical analysis proved that combining EUS with MRCP is very valuable in diagnosis of missed CBD stones than each one alone. Both together raised the sensitivity, specificity, PPV, NPV and overall accuracy into 97.22, 100, 100, 91.67 and 97.87 respectively. This data**

were added to the result, discussion, conclusion and recommendation sections in the manuscript. Also additional table was added (Table 4).

4. The format of letters and numbers should be consistent.

**Answer: Thanks for your comment. We modified them.**

5. Tables 4 and 5 might be better combined.

**Answer: Thanks for your comment. We combined them in table 4.**

6. Published after modification.

**Answer: Thanks.**

**Reviewer #2:** I read with interest the manuscript Role of Endoscopic Ultrasound in Evaluation of Patients with Missed Common Bile Duct Stones. The authors assess and compare the diagnostic accuracy of EUS and MRCP in intermediate choledocholithiasis risk and presumed idiopathic acute pancreatitis patients. The manuscript is well written and it confirms previous observations from several other similar publications.

Table 1 adds nothing to the results and could be deleted.

**Answer: Thanks for your comment. We deleted it.**

Results and discussion could add or consider mention more on the acute pancreatitis groups on regards outcomes and findings since it would be of great clinical interest and improve the overall significance of the study.

**Answer: Thanks for your comment. As mentioned in the manuscript, 23 out of the 90 (25.6%) included patients had acute pancreatitis, only 7 patients proved to have CBD stones, all were detected by EUS**

**but only 4 patients were detected by MRCP. No other causes of acute pancreatitis as cystic pancreatic lesions, pancreatic divisum or pancreatic duct stones could be detected by MRCP or EUS. This was added to the manuscript.**