

Dear Yuan,

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have carefully evaluated the reviewers' critical comments and thoughtful suggestions, responded to these suggestions point-by-point, and revised the manuscript accordingly. All changes made to the text are in red so that they may be easily identified.

Meanwhile, we are really sorry to inform you that we do not have email address from Nanjing Medical University. The publication list of the corresponding author (Xiao-feng Zhang) is attached at page 2 and 3, and the email address of zxf837@tom.com is used for all the publications.

We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Xiao-feng Zhang

Department of gastroenterology, Hangzhou First People's Hospital, Nanjing Medical University

No. 261 Huansha Road, Hangzhou 310006, Zhejiang, China

Tel: +86-13758250208

Fax: 086-0571-56006782

E-mail: zxf837@tom.com

Publication List of Prof. Xiao-feng Zhang

1. Ge N, Zhang S, Jin Z, Sun S, Yang A, Wang B, Wang G, Xu G, Hao J, Zhong L, Zhong N, Li P, Zhu Q, Nian W, Li W, **Zhang X**, Zhou X, Yang X, Cui Y, Ding Z. Clinical use of endoscopic ultrasound-guided fine-needle aspiration: Guidelines and recommendations from Chinese Society of Digestive Endoscopy. *Endosc Ultrasound* 2017; 6(2): 75-82.
2. Lu L, Tang X, Jin H, Yang J, **Zhang X**. Endoscopic Ultrasound-Guided Biliary Drainage Using Self-Expandable Metal Stent for Malignant Biliary Obstruction. *Gastroenterol Res Pract* 2017; 2017: 6284094.
3. Hu B, Sun B, Cai Q, Wong Lau JY, Ma S, Itoi T, Moon JH, Yasuda I, **Zhang X**, Wang HP, Ryozaawa S, Rerknimitr R, Li W, Kutsumi H, Lakhtakia S, Shiomi H, Ji M, Li X, Qian D, Yang Z, Zheng X. Asia-Pacific consensus guidelines for endoscopic management of benign biliary strictures. *Gastrointest Endosc* 2017. DOI: 10.1016/j.gie.2017.02.031.
4. Yang J, Shen H, Jin H, Lou Q, **Zhang X**. Treatment of unresectable extrahepatic cholangiocarcinoma using hematoporphyrin photodynamic therapy: A prospective study. *Photodiagnosis Photodyn Ther* 2016; 16: 110-118.
5. Ye F, Shen H, Li Z, Meng F, Li L, Yang J, Chen Y, Bo X, **Zhang X**, Ni M. Influence of the Biliary System on Biliary Bacteria Revealed by Bacterial Communities of the Human Biliary and Upper Digestive Tracts. *PLoS One* 2016; 11: 11.
6. Lu L, **Zhang XF**. Gastric Outlet Obstruction--An Unexpected Complication during Coca-Cola Therapy for a Gastric Bezoar: A Case Report and Literature Review. *Intern Med* 2016; 55: 1085-9.
7. Bai Y, Ren X, **Zhang XF**, Lv NH, Guo XG, Wan XJ, Nie ZG, Han ST, Bie P, Tian DA, Ji M, Li ZS. Prophylactic somatostatin can reduce incidence of post-ERCP pancreatitis: multicenter randomized controlled trial. *Endoscopy* 2015; 47: 415-20.
8. Shen H, Ye F, Xie L, Yang J, Li Z, Xu P, Meng F, Li L, Chen Y, Bo X, Ni M, **Zhang X**. Metagenomic sequencing of bile from gallstone patients to identify different microbial community patterns and novel biliary bacteria. *Sci Rep* 2015; 2: 17450.
9. Yang J, Li Y, **Zhang X**. Meta-analysis of macrophage migration inhibitory factor (MIF) gene -173G/C polymorphism and inflammatory bowel disease (IBD) risk. *Int J Clin Exp Med* 2015; 8: 9570-4.

10. Yang J, Jin H, Gu W, Zhang X, **Zhang X**. Determinants of long-term complications of endoscopic sphincterotomy are infections and high risk factors of bile duct and not sphincter of Oddi dysfunction. *Eur J Gastroenterol Hepatol* 2015; 27: 412-8.
11. Zhou YF, Xu W, Wang X, Sun JS, Xiang JJ, Li ZS, **Zhang XF**. Negative methylation status of vimentin predicts improved prognosis in pancreatic carcinoma. *World J Gastroenterol* 2014; 20: 13172-7.
12. Yang J, Zhang X, **Zhang X**. Therapeutic efficacy of endoscopic retrograde cholangiopancreatography among pregnant women with severe acute biliary pancreatitis. *J Laparoendosc Adv Surg Tech A* 2013; 23:437-40.
13. Zhou Y, **Zhang X**, Zhang X, Guo Y, Lu W, Li J, Li Z. ERCP in acute cholangitis during third trimester of pregnancy. *Hepatogastroenterology* 2013; 60: 981-4.
14. Fan Z, Hawes R, Lawrence C, Zhang X, **Zhang X**, Lv W. Analysis of plastic stents in the treatment of large common bile duct stones in 45 patients. *Dig Endosc* 2011; 23: 86-90.

We would like to express our sincere thanks to the reviewers for the constructive and positive comments.

Replies to Reviewer 1

1. In the end of CASE REPOT, please add how long did the patient stay asymptomatic?

The duration between the EPG procedure and manuscript submission is five months, during which time the patient remained asymptomatic. Following the reviewer's suggestion, we added the duration of symptom free in the end of the case report section (Page 5). Besides, we added our plan of follow-up investigations in the case report section of the revised manuscript.

2. Why did authors select a double pigtail stent? Although PD was dilated enough to put a pigtail in it, it can perforate PD wall again after its shrinkage after adequate drainage. A straight stent or a single pigtail stent (Endoscopy. 2015; 47: 462-5) might be appropriate.

Thanks for the reviewer's suggestion. When we performed the EPG procedure, the head of the endoscope was directed toward the pancreatic head region. However, the pancreatic duct did not communicate with the duodenum lumen because of the migrated pancreatic stent, and we cannot put the distal tip of the stent to the duodenum lumen under endoscopy even after several attempts. For the distal tail segment of the pancreatic duct, the angle between the stent and distal pancreatic duct was less than 90 degrees and it was difficult to insert a stent under such circumstances. Fortunately, the head segment of the pancreatic duct was cyst-like dilated (Figure 2.b) and the distal tip of the stent was then positioned in the cyst-like duct, which we hope could reduce the possibility of duct perforation. To reduce the possibility of proximal or distal stent migration, we chose the double pigtail stent, neither a straight stent nor a single pigtail stent.

Replies to Reviewer 2

1. There is no information about the patient background and 7 years earlier treatment. The authors should mention about the past history, why she was received pancreatic stent, what type of stent was inserted.

Thanks for carefulness of the reviewer. The patient's past history was added in the revised manuscript (Page 3 and 4) and the case report section was accordingly re-written.

2. EUS-PD was the excellent procedure for temporally improvement of symptom, however in the future how do you treat when recurrent pancreatitis occur? The authors should mention the long term future strategy for this patient.

Thanks for the reviewer's suggestion. Stent exchange is the preferred method for recurrent pancreatitis. We added our plan of follow-up investigations in the case report section of the revised manuscript (Page 5).

Replies to Reviewer 3

I have several issues to mention: - in the Discussion section the adverse events and the limitations of the antegrade EUS-PD should be mentioned: To date, EUS-PD remains one of the most technically challenging endosonography interventions. Success rates vary widely and serious adverse events occur in at least 20% of reported cases. Mainly, EUS-PD might be associated with significant complications such as stent dysfunction and/or -migration, resulting in perforation and/or possible leakage of pancreatic fluid as well as postinterventional hemorrhage and/or pancreatitis. Therefore, in recently published reviews, discussing EUS-PD for other indications, this procedure is recommended to be considered only in selected patients in whom surgical/radiological treatment is inappropriate and/or impossible. Moreover there are relevant limitations of EUS-PD as a sclerotic pancreas in severe chronic pancreatitis and/or anatomical features. Another significant aspect, which should be taken into consideration beside the adverse events resulting from the EUS-PD itself, are those resulting from the migrated stent. As the authors mention correctly proximal stent migration is a rare complication, but can result in serious adverse events including ductal damage and/or recurrent pancreatitis. In conclusion, this article covers an interesting topic, is nicely written and well presented. Thus, I would recommend to accept this manuscript with minor revision.

Thanks for the reviewer's suggestion. We added the adverse events and limitations of EUS-PD in the discussion section of the revised manuscript (Page 7).