Author's response to reviews

Title: Recurrent common bile duct stones as a late complication of endoscopic sphincterotomy

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Author's response to reviews:

I thank the reviewer for their precious time spent on reviewing our article.

I will be responding to each point as below:

1. This study is a retrospective analysis of patients who underwent ERCP and ES on a prospectively maintained database for 15 years. The follow-up of this study was so long that the long-term complication rate could be considered as a representative measure.

Response: Thanks a lot. Yes our study has a follow up period of almost 11 years.

2. Is there any standardization of ES incision length in this study? Is full cut or half cut of ampulla of Vater?

Response: there is no standardised method to measure the length of our sphincterotomy. Usually it is kept as small as possible, but big enough to extract the stones.
3. Do you have checked the status of stricture in CBD as well as the refusion in papillary orifice s/p EST? Because of anatomical variance would result in different recurrence of CBD stone.

Response: It is very difficult to identify strictures on the information that we had in hand from the ERCP reports. Definitely no fusion in our series. Saying so, stricture per say post ERCP are really rare events.

4. Does the more increase the diameter of the CBD, it more increases the first, the second…recurrences of CBDs at the clinical presentation in your study?

Response: In our cohort, the increase in the size of CBD was related to increased CBD stones recurrence. We did not evaluate whether it is related to the number of recurrences.

5. How much percentage of CBDs retrieval by simple basket? Balloon method? And Mechanical basket equipment? Does the latter will more complicate with CBDs recurrence?

Response: The method of stone extraction was not assessed in this study, though it would have been an interesting finding. At this point of time, it is almost impossible to return to the record to assess that,

6. In this study, does the CBD diameter related to age, time (early or late) in CBDs recurrence? Moreover, does it related to ES complications such as: bleeding, cholangitis, pancreatitis….

Response. Though the size of CBD was associated with increased stones recurrence, other variables like (time of recurrence and age) were not assessed. CBD size was not related to post ERCP complications.

7. Do you compare with CBD diameter in group of CBDs with/without recurrence?

Response: No this was not assessed in this study.
8. Does this study observe the regression of CBD diameter after stones extraction, it seems to less stone recurrence (no biliary dyskinesia) in your clinical follow-up.

Response: This study did not follow up the size of CBD after interventions. It would be difficult to justify doing investigations on asymptomatic patients. Furthermore, it is not cost effective.

Many thanks again for your time