Author’s response to reviews

Title: Clinical value of DPOC for detecting and removing residual common bile duct stones (video)

Authors:

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Author’s response to reviews:

Dear editor,

Thank you very much for inviting us to revise this paper. We are very grateful for the constructive comments and suggestions from your reviewers, which have improved the paper considerably. Please find our detailed responses to the reviewers’ comments below.

Warm regards

Xiong-Chang Liu on behalf of all authors

Reviewer 1

Dear Authors, I reviewed the paper "Clinical value of DPOC for detecting and removing residual common bile duct the stones (video)".

The paper is a clinical study about retained stones with new methods. The number of the study is appropriate for this study. The study is good performed, and presented. The success rate about 94%. This is good results for the similar studies. The results are good discussed. I think so that it can be published on this journal.

Sincerely
Authors’ response: Dear reviewer, thank you very much for your careful review.

Reviewer 2

This is an interesting manuscript evaluating the role of direct peroral cholangioscopy (DPOC) in detecting (and removing) residual common bile duct stones.

Comments 1 There are too many language and spelling errors. Please check and correct.

Authors’ response: We have corrected the language and spelling errors.

Comments 2 I think that it is not correct to use the term of "lithotomy" for the stone removal done during ERCP procedure. Because the meanings of lithotomy are: 1-surgical incision of the urinary bladder for removal of a stone, 2-surgical removal of a calculus (stone) from the bladder, kidney, or urinary tract, 3- surgery to remove one or more stones from an organ or duct. ERCP is not a surgical procedure.

Authors’ response: Thank you very much for your review and Suggestions. We have changed the lithotomy to stone removal (line 2, paragraph 2, page 2, page 3, paragraph 1, line 12, page 3, paragraph 2, line 3, page 3, paragraph 2, line 6).

Comments 3 To avoid confusion, do not use different names for the same tool. Example; endoscope, ultrathin endoscope, gastroscope, gastroendoscope … names were used for the tool used for doing DPOC.

Authors’ response: We have changed them all to the ultraslim endoscope (lines 1, 8 and 9 of paragraph 2 of page 4; Page 5, paragraph 3, line 1, line 3, line 5, line 7; Paragraph 4, line 2, line 4; Page 6, paragraph 1, line 1, line 2, line 5, line 7; Paragraph 2, lines 1 and 3; Paragraph 3, line 1; Line 22 of paragraph 1 of page 9, line 23; Page 10, paragraph 1, line 4, line 5, line 11, line 12, line 15, line 16, line 17; Page 11, paragraph 1, line 2, paragraph 3, line 1; Line 14, line 15, line 20 of paragraph 2 of page 12; Page 13, paragraph 2, line 2.). In addition, we modified some words in the article to make it more suitable for publication. Please review the manuscript.

Comments 4 I think that the exclusion criteria "a common bile duct diameter of<10mm" was not appropriate. If the diameter of bile duct was not return to normal or near normal after extraction of stones, I think that there is some stones left. And continue to check the bile duct with basket and/or balloon.

Authors’ response: Exclusion criteria were defined before conventional ERCP stone removal. If the common bile duct diameter is less than 10mm, duodenal papillary dilatation (EPBD) is also less than 10mm. It is very difficult for 5-6mm ultra-fine endoscope to enter the common bile duct
through the duodenal papilla, and the probability of bile duct injury will be increased, so this study excluded cases with non-dilation of the common bile duct. Since the common bile duct diameter of most of the combined stones is greater than 10mm, we believe that this standard can also be omitted.

Comments 5 The general characteristics of the patients included in the study should be given as a table in a comparative manner with the excluded group.

Authors’ response: Thanks for your advice. We have added the form according to your suggestion (paragraph 2, page 4).

Comments 6 They stated that they excluded patients with gallbladder stones from the study. However, 17 patients later had cholecystectomy. What is the indication of cholecystectomy?

Authors’ response: 17 cases are prior cholecystectomies (line 5, paragraph 1, page 4).

Comments 7 Endoscopic papillary balloon dilatation was done to the most of the patients. Why?

Authors’ response: In order to reduce the risk of bleeding and perforation caused by EST, partially retain the function of the papillary sphincter and reduce the probability of pancreatitis caused by EPBD, 54 cases in this study were treated with small EST plus EPBD. EPBD was used only in 3 patients with small duodenal papilla or diverticular intradermal duodenal papilla that could not be resectable.

Comments 8 The time between ERCP and DPOC is not clear. This information should be given in detail.

Authors’ response: We have added this part of information, please review the manuscript (paragraph 2, line 6, page 7).

Comments 9 At discussion section they wrote that "the residual stone rate by DPOC was similar to patients with cholecystolithiasis". There is no information about this in the study.

Authors’ response: We have modified this part of content (paragraph 2, line 15, page 8).

Comments 10 "In the present study, a nearly 95% success rate was obtained using the direct insertion method or ordinary guidewire, and the operation was simple and the time was short." There is a mistake in this sentence. Because they used overtube in %10 of patients.

Authors’ response: We have modified it. It should be 91.1%. (line 12, paragraph 1, page 10).
Comments 11 When I see a cholangiogram similar to the one presented at figure 3d, I think that there are remained stones within the bile duct. And continue ERCP.

Authors’ response: The transparent shadow at the lower end of the common bile duct is the balloon and intestinal gas after being inflated, but not the filling defect of the stone, because its boundary has exceeded the common bile duct. Figure 3e also confirmed that the stones left in the common bile duct were pestiferous rather than forming stones.

Comments 12 The quality of video was very poor.

Authors’ response: Thank you for your advice. As far as we can see, the resolution of our device can only reach this level. So the quality of video is probably one of our weaknesses. But we think this does not affect the treatment of patients or our study.