

The manuscript is a systematic discussion of risk factors, prevention, and treatment of post-endoscopic retrograde cholangiopancreatography cholecystitis (PEC), summarizing previous reports. Since there are multiple methods of prevention and treatment depending on risk factors and circumstances, we believe this manuscript summarizing them is effective for future practice. However, I have several concerns and comments, as listed below.

Minor

#1 You mention cholecystitis as a contributing factor to intestinal bacteria entering the bile duct during bile duct intubation and migrating from there to the gallbladder. I assumed that the statement intended that aspirating bile as much as possible before the contrast injection would not only prevent excessive contrast medium from entering the gallbladder but also prevent bacterial invasion. However, if there are any other specific measures, please describe them.

Response: Yes, we intended to say that aspirating bile as much as possible before the contrast injection would not only prevent excessive contrast medium from entering the gallbladder but also prevent bacterial invasion. The same has been added in the preventive techniques.

#2 In recent years, there have been reports that multihole-type covered SEMs is effective in the prevention of PEC. The possibility that new devices may be effective should also be discussed, as covered SEMs placement may be unavoidable depending on the obstruction and underlying disease.

Response: We thank the reviewer for the suggestion. Data regarding the same has been added in the prevention section.

#3 I wonder if prolonged external drainage with PTGBD in PEC cases associated with ERCP for biliary tract cancer may result in the seeding of the puncture pathway. Please discuss the possibility.

Response: We thank the reviewer for the suggestion. However, we could not find any such case reported in previous literature. The possibility of the same has been added to the discussion.

#4 The cholecystitis recurrence rate after drainage tube removal is a problem in PTGBD, but have there been any results with antegrade stenting through the puncture route? We believe that antegrade stenting can be successful even in cases

of ETGBD failure, depending on the factors involved.

Response: We thank the reviewer for the suggestion. However, we could not find any data on antegrade stenting through the GB puncture route.

#5 In Figure 2, cholecystectomy is described as a last resort when other treatments have failed, but cholecystectomy is highly effective and should have the lowest recurrence rate. If patient factors or the underlying disease make surgery intolerable, it is unavoidable, but in other cases, cholecystectomy is a treatment that should be given more consideration. This may be complicated, but please review Figure 2 in light of the above.

Response: We thank the reviewer for the suggestion. We have modified Figure 2 as per the suggestion.