

## ANSWERING REVIEWERS

November 12, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14470-review.doc).

**Title:** A case of arterial hemorrhage after EPLBD treated using a covered SEMS

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 14470

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) **Reviewer:** It would seem intuitive that bleeding after balloon dilatation would be the result of a tear just as it would be in the esophagus or pylorus.

**Reply:** We agree that balloon dilatation in the esophagus or pylorus is useful when we consider the mechanism of bleeding after EPLBD. Therefore, we revised to add the details with respect to mucosal tear after balloon dilatation in the esophagus according to reviewer's recommendation in the DISCUSSION section (Page8, line7).

- (2) **Reviewer:** I would suggest highlighting in a paragraph in Discussion the use of covered stents for post-sphincterotomy bleeding and as in your situation bleeding after dilatation. Perhaps even a table highlighting studies to date (literature review) would be beneficial for the readers.

**Reply:** We have created new Table (Table1) with respect to the use of covered stents for post-sphincterotomy bleeding (literature review) according to reviewer's recommendation. We also agree with the reviewer that Table would be beneficial for the readers. We added the paragraph in Discussion to highlight the usefulness of covered SEMS placement after post-sphincterotomy bleeding (Page7, line13).

- (3) **Reviewer:** I am not sure you need all of your figures.

**Reply:** We agree with the reviewer and deleted Figure2 (endoscopic finding of EPLBD).

- (4) **Reviewer:** You do not discuss what the ulcerative lesion was at the papilla following dilatation. One assumes it is either related to the sphincterotomy or further injury from the balloon dilatation.

**Reply:** Thank you for your kind suggestion that we did not discuss what the ulcerative lesion was at the papilla following dilatation. The patient had undergone EST in 2011, and we did not perform EST during EPLBD procedure. Therefore, we consider the ulcerative lesion was due to not related to the EST, but further injury from the balloon dilatation. As the reviewer pointed out, we revised to add these details in the DISCUSSION section (Page8, line11).

- (5) **Reviewer:** In reviewing Figure 1, given the size of the endoscope, a 15 mm balloon dilation was

likely too large.

**Reply:** Thank you very much for the reviewer's suggestion that a 15 mm balloon dilation was likely too large. We performed EPLBD with therapeutic duodenoscope (TJF-260V; Olympus, Tokyo, Japan). Because its outer diameter is measuring 13.5 mm, the diameter of the lower bile duct was estimated at 15 mm. Therefore, we performed EPLBD with a maximum size of 15 mm. We added the size of the endoscope according to reviewer's recommendation in the CASE REPORT section (Page5, line11).

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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