Peer Review File

Article information: https://dx.doi.org/10.21037/ajo-24-36

Reviewer A

This is good basic retrospective paper on the efficacy of sialedenoscopy in adults. The authors recognize that sialedenoscopy won't replace, but rather be adjuncts to open procedures. I have a few comments/suggestions:

Comment 1: First line of the conclusion in the abstract should be included in the results rather than in the conclusion: *With a mean operative time of 49 minutes, a transient self-resolving minor complication rate of 16%and an overall symptom relief rate of 78%...*
Reply 1: We have relocated the data to the Results section as advised.
Changes in the text 1: Moved "Mean operative time was 49 minutes'' from line 33 to line 26
Moved "78% had some symptom relief, and 28.75% had recurrence of sialadenitis" from line 33/34 to line 28

Comment 2: Line 37 of conclusions, typo – should be provides
Reply 2: Amended as recommended
Changes in the text 2: amended at line 37 to 'provides'

Comment 3: Table 5 – in cases where there was an inability to pass the scope, were these patients excluded from the intervention numbers?
Reply 3: No, these were included in the intervention numbers as there was still usually an attempt to dilate the papilla of the duct, there is still a risk of complications such as false passage or tear, and including all intention-to-treat cases is useful in preoperative counselling of patients who are intended for sialendoscopy.
Changes in the text 3: A clarifying sentence was placed after line 130 '26/80 (32.50%) of the procedures which were undertaken did not result in the scope successfully being passed into the duct. These cases were either abandoned, or more often proceeded to at least dilatation of the papilla in 71/80 (88.75%)'.

Reviewer B

Abstract - Reads well

Introduction - Reads well.

Methods
2.2 Procedural technique:
Comment 1: Throughout the paper, please change the tense to past and the person to 3rd person. Eg Remove "our" and change to third person – line 94 e.g., "all procedures were performed under GA…" and line 97 "A 1.6mm Sialendoscope (Karl Storz, Tuttlingen, Germany) was used, etc."
Reply 1: Changes made as recommended
Changes in the text 1:

- Line 34 – changed ‘our institutional experience’ to ‘the institutional experience of St Vincent’s Hospital, Melbourne’
- Line 73 – changed ‘We present the following article in accordance with the STROBE reporting checklist’ to ‘This article is presented in accordance with the STROBE reporting checklist’
- Line 94 – changed ‘In our practice, all procedures are performed…’ to ‘All procedures were performed…’
- Line 124 – changed ‘our institution’ to ‘St Vincent’s Hospital, Melbourne’
- Line 152 – changed ‘our’ to ‘the’
- Line 160 – changed ‘our institution’ to ‘St Vincent’s Hospital, Melbourne’
- Line 160 – changed ‘we’ to ‘the authors’ ‘
- Line 163 – changed ‘to our centre’ to ‘for tertiary care’
- Line 170 – changed ‘We observed’ to ‘It was observed’
- Line 175 – changed ‘In our study’ to ‘In this study’
- Line 187 – changed ‘ours’ to ‘the findings of this study’
- Line 194 – changed ‘our’ to ‘this’
- Line 198 – changed ‘We found the procedure…’ to ‘The procedure was found to be…’
- Line 198 – changed ‘our’ to ‘this’
- Line 203 – removed ‘We are aware that’
- Line 206 – changed ‘…we would assume’ to ‘…it was assumed’
- Line 212 – changed ‘our institutional experience’ to ‘the experience of St Vincent's Hospital, Melbourne’

Comment 2: Please change the tense to past tense where possible, e.g., “The papilla of the duct was cannulated then sequentially dilated.”
Reply 2: Changes made as recommended
Changes in the text 2:

- Line 96 – changed ‘are’ to ‘was’
- Line 97 – changed ‘Our institution utilises the 1.6 mm Storz Endoscope…’ to ‘A 1.6mm Sialendoscope (Karl Storz, Tuttlingen, Germany) was used…’
- Line 98 – changed ‘is’ to ‘was’; deleted ‘is’
- Line 99 – changed ‘There are serial dilator introducer sets available’ to ‘Serial dilator introducer sets were available’
- Line 99 – changed ‘is’ to ‘was’
- Line 100 – changed ‘assists’ to ‘assisted’
- Line 100 – changed ‘are’ to ‘were’
- Line 101 – changed ‘is’ to ‘was’
- Line 102 – changed ‘is’ to ‘was’
- Line 102 – changed ‘are’ to ‘were’; ‘is’ to ‘was’ x 2
- Line 103 – changed ‘is’ to ‘was’
- Line 106 – changed ‘is’ to ‘was’ x 2
- Line 107 – changed ‘is’ to ‘was’
- Line 108 – changed ‘is’ to ‘was’

- Line 109 – changed ‘The patient may go home on the day of surgery’ to ‘Patients went home on the day of surgery’
- Line 124 – changed ‘are’ to ‘were’

Comment 3: For instruments used, please state the instrument in general terms and then in brackets (the brand and manufacturer origin) e.g., sialendoscope (Karl Storz, Tuttlingen, Germany)
Reply 3: Changes made as recommended
Changes in the text 3:

- Line 97 – changed ‘Our institution utilises the 1.6 mm Storz Endoscope…’ to ‘A 1.6mm Sialendoscope (Karl Storz, Tuttlingen, Germany) was used…’
- Line 99 – capitalised ‘Cook Medical’
- Line 102 – changed ‘the NCircle® or NGage® nitinol baskets’ to ‘stone extractors (Cook Medical NCircle® or NGage® nitinol baskets, Indiana, USA)’

Comment 4: Please define in the methods section how you determined a “good view” and an “inadequate view”.
Reply 4: The recommended addition has been made
Changes in the text 4: Addition of a paragraph at Line 118 -‘Descriptions from operation reports were interpreted into discrete data points; for instance, the endoscopic views obtained were respectively labelled ‘good views’, or ‘inadequate views’ depending on whether the report noted that the ductal lumen was able to be clearly evaluated to at least the first division of the duct, or where the pathology was thought to exist. Cases where the scope was unable to be passed were included in the ‘inadequate views’ group’

Comment 5: Please define in the methods section how you determined “improvement in symptoms”.
Reply 5: The recommended addition has been made
Changes in the text 5: Added to the paragraph commencing on Line 118 – ‘If clinical notes from follow-up appointments after sialendoscopy described a subjective reduction in intensity or frequency of their symptoms of sialadenitis then they were said to have an ‘improvement in symptoms’.’

Comment 6: Line 142: The mean follow-up needs a standard deviation please.
Reply 6: I have added the standard deviation
Changes in the text 6: Line 142: 17.17 changed to 17.2 ± 12.3 months

Comment 7: Discussion - Please remove “we”, “our”, etc and talk in the impersonal third person.
Reply 7: Changes made as recommended
Changes in the text 7: See changes in the text 1

Comment 8: Line 152 is a results statement and should be moved to results.
Reply 8: O agree, the non-repeated parts of this statement were relocated to line 129
Changes in the text 8: Removal from line 152 of ‘In the cohort of 80 procedures, 67% of sialendoscopies were performed for stone disease…..’

Addition to line 129 ‘37.5% of procedures identified strictures and 17.5% identified another pathology (sludge, mass, etc.)’

Comment 9: Line 166 needs the standard deviations adding and more obvious wording that those results are from another study, not your own measurements. The statement in line 168 regarding size of stone that requires a cut-down needs a reference and again the sentence needs to be clear as to where you came up with those values.
This whole paragraph (starting line 166) is really just stating your results again rather than discussing their significance. It would benefit from a re-write concentrating on what your results mean in comparison to the established literature, rather than just re-iterating what you have already outlined in the results section.
Reply 9: I have rewritten the paragraph, with a comparison of our papillotomy/cut down rate to those in the literature where lithotripsy was available. I have found alternative references which give a maximum diameter of the ducts, and rates of papillotomy/cut down with and without fragmentation of stones. These are of greater relevance and give an explanation for our findings.
Changes in the text 9: rewrite of paragraph with new references:
‘It was observed that papillotomy or cut down was required in 21/24 (87.5%) of successful stone retrievals. The reason for this requirement is the miniscule size of the salivary ducts, with one study in the literature demonstrating a maximum diameter of 2.3mm for the parotid duct, and 2.2mm for the submandibular duct, with both ducts having their minimum width located at the ostium (12). This, in comparison to the mean stone size of 4.57mm±1.86 which was encountered in this study, suggests that it is unlikely that basket retrieval without further adjuncts would have been possible. The experience of this study is consistent with required rates of papillotomy or duct intervention in the literature, but is higher than that of many published rates where lithotripsy techniques were available, with one such study reporting a requirement in 55/110 (44.6%) (13). It is likely that with the ability to fragment stones to smaller sizes using lithotripsy, fewer papillotomies or cut downs would have been required in this study, and thus some publications recommend use of fragmentation techniques in stones of size 3-6mm (6, 14). Lignocaine and dexamethasone irrigation have evidence in reducing intraglandular inflammation and in reducing severity of recurrent parotid sialadenitis, and were used in 17.5% of cases (15).’

Reviewer C

Comment 1: the aim in the abstract must mirror the aim in the main text - the main text includes "investigate the predictors of successful sialendoscopy" and does not mention outlining the surgical technique. Please ensure the aims are consistent and change as required to reflect this

Reply 1: I agree with your comment that this paper does not emphasize the predictors of successful sialendoscopy so I have removed this. I have not changed the abstract, and have made changes in the body of the paper in 1.2 so that the abstract and the main body mirror the same aims.

Changes in the text: Page 5, 1.2 changed from:

“This paper aims to examine the safety and efficacy of sialendoscopy in the prevention and management of salivary gland disease, as well as investigate the predictors of successful sialendoscopy, such as the presence or size of salivary calculus.”

To

“This paper aims to examine the safety and efficacy of sialendoscopy in the prevention and management of salivary gland disease over the first 7 years of the technique’s use in Victoria, Australia”

Comment 2: change to "retrospective case series"

Reply 2: I have made the change

Changes in the text: Page 2, Methods was “This is a retrospective review” and now reads “This is a retrospective case series”

Comment 3: Suggest remove the other anatomical abnormalities for the abstract and change to just sialolithiasis and stricture.

Reply 3: I have removed the less common indications.

Changes in the text: The following has been deleted “and other anatomical abnormalities (e.g. sialocoele, sludge, mass) 14/80 (17.5%).”

Comment 4: please add the raw numbers to all these percentages within the abstract.

Reply 4: I have added the raw numbers

Changes in the text: Paragraph now reads “In the 54 patients with radiological evidence of sialolithiasis, 38 (70.4%) were located intraoperatively, and 24 (63.2%) of these had stones successfully retrieved. Just 50/75 patients attended follow up with a mean of 17.2 months. At conclusion of follow up 21/50 (42%) patients had complete resolution of symptoms and 39/50 (78%) had improved symptoms.

Comment 5: can you add any numbers to back this statement – in reference to “Stones being distally located in the duct was found to be more strongly associated with successful retrieval than was the size of the stone.”

Reply 5: I can’t. This statement should have been deleted from a previous draft after finding the numbers were inadequately powered to draw such a conclusion

Changes in the text: I have removed the entire statement.

Comment 6: can the authors state this as this wasn't a cohort study comparing with ablative surgery or randomised. I suggest just removing this part of the statement. – in reference to “safe and efficacious procedure in the first instance for stone, strictures and recurrent sialadenitis on patients who would otherwise have had ablative surgery.”

Reply 6: I have removed that part of the statement.

Changes in the text: Deleted “on patients who would otherwise have had ablative surgery”

Comment 7: suggest removing the word ‘prevention’, this paper is on the management of salivary gland disease not on the prevention. as mentioned in the abstract above this doesn't match the abstract aim. There is also little discussion of the predictors of successful sialendoscopy. This likely is referring to table 6 which is not referenced within the body of the results or even within the discussion. see further editorial comments this table and suggestions to improve.

Reply 7: See comment 1 – I have changed it as suggested

Changes in the text: See comment 1 – I have changed it as suggested

Comment 8: This is NOT a cohort study. Authors should be aware that cohort studies compare 2 groups, one with treatment and one without. This is a case series and should be refereed to as such. Please remove any reference to this being a cohort study

Reply 8: Agreed. I have changed it to case series.

Changes in the text: Page 5, 2.1 - “this is a retrospective case series”

Comment 9: All tables within this article need to be improved to enable the figures to be interpreted without reference to the main body of the text. This table should also have been included at the end of the manuscript as requested in the authors instructions. A suggested title for this table would be " Criteria for patient selection for retrospective sialendoscopy case series"

Reply 9: I have changed the titles as recommended. All Tables have been placed at the end of the manuscript.

Changes in the text: Table 1 title is now “Criteria for patient selection for retrospective sialendoscopy case series”

I have moved all tables to the back of the manuscript

Comment 10: This statement should be removed along with its reference. It is not part of the methods rather a statement that the authors may wish to comment on within the discussion. In reference to “although in other parts of the world this is routinely performed under local anaesthesia with the right patient and practitioner set up (10).”

Reply 10: I have deleted the sentence

Changes in the text: I have deleted the sentence

Comment 11: This statement is not required I would suggest removing - in reference to “A sterile mayo table and appropriate scopes was then set up by the surgeon”

Reply 11: I have deleted it.

Changes in the text: I have deleted the sentence

Comment 12: can the authors comment non whether the surgeon uses loopes to identify the papilla and perform this procedure. If so this is an important piece of information for the reader.

Reply 12: Loupes or a microscope are frequently used.

Changes in the text: The sentence now reads “The papilla of the duct was cannulated and sequentially dilated using the Kolenda introduction system (Cook Medical). This process often required the use of loupes or a microscope to clearly visualize the papilla of the duct.”

Comment 13: various improvements to sentence structure

Reply 13: all comments were actioned

Changes in the text: All changes were actioned

Comment 14: can the authors comment whether the papillotomy is closed with a suture and if not this should specifically be added to the method. Can the authors also comment on use of antibiotics intra and post operatively and if not used specifically please be commented on.

Reply 14: Neither of the senior authors close their papillotomy. Cephalexin is generally used on induction.

Changes in the text: Included "and are given prophylactic cephalexin" in the opening sentence, and ". Papillotomies were not closed," in the final sentence.

Comment 15: given the numbers were small did the authors consult with a statistician to decide that Chi test was better than a fisher exact test which is usually used when the numbers are small.

Reply 15: Chi square was initially selected as sample sizes were >5. We didn't use a statistician. Chi square has been changed to Fisher's exact test as recommended. No new statistically significant results or non-significant results are identified

Changes in the text: Chi square has been changed to Fisher exact test, and new p-values have been calculated without changes in the findings

Comment 16: was a logistical regression used anywhere within the results? and if not does it need to be mentioned?

Reply 16: None were included. I have removed any reference to it.

Changes in the text: removed reference to logical regression for continuous variables.

Comment 17: can a statement also please be include explaining what data was collected eg demographics, preoperative imaging, intraoperative findings, and post operative followup.

Reply 17: Statement has been inserted

Changes in the text: Insertion of "Data collected included demographic data, any medical history deemed relevant to salivary gland disease, preoperative imaging, intraoperative findings, complications, and postoperative follow up."

Comment 18: this statement is not required given the methods already state all cases are under GA – in reference to “all under general anaesthesia”

Reply 18: This has been deleted

Changes in the text: statement removed

Comment 19: this statement is not a result but a comment by the authors on the use of Sialogram, as such please remove from the results. I suggest if this is considered an important comment the authors should touch upon this in the discussion. – this is in reference to “Sialograms were done elsewhere prior to referral to St Vincent’s Hospital, Melbourne as they were generally not regarded as useful investigation”

Reply 19: The statement was removed from results. I considered placing it in the discussion, but opted not to delve into opinion without data to back up the preference for other radiology.

Changes in the text: Statement was deleted.

Comment 20: was this a radiological measurement and if so I would state radiologically the stone measured – in reference to the mean stone size of 4.61mm±SD2.1

Reply 20: Yes it was radiological. I have clarified.

Changes in the text: it now reads “The stone size, as determined radiologically, varied from 2mm to 10mm with mean 4.61mm±SD2.1”

Comment 21: table 6 is referenced prior to table 5 please adjust.

Reply 21: I have swapped the labels of tables 5 and 6, and reordered the tables.

Changes in the text: Table 6 now reads Tabe 5, and vice versa

Comment 22: this text regarding strictures isn't the same as what is presented in the table 4 which has different numbers for strictures and doesn't comment on other pathology at all. This makes it hard for the reader to decide how to correlate the table with the text Is there a way to make this clearer eg add more data to the table?

Reply 22: In retrospect the specification that there was a 'stricture *alone*' in table 4 is needlessly confusing, but was supposed to comment on there being no concomitant pathologies. Given that it's confusing, I have removed alone, removed what is actually intraoperative findings from table 3, and added a breakdown of intraoperative findings to table 4

Changes in the text: See changes in both table 3 and table 4

Comment 23: table 2 a number of clafficifations required:

1. title change " Characteristics of patients undergoing sialendoscopy"

2. age assume is mean - please add

3. the 3 decimal places for SD are not required. Please keep all decimal points consistent throughout paper and in this case 16 is adeqaute

4. the comorbities are not mentioned in the discussion, if considered important enough to put in results should be mentioned in discussion.

Reply 23:

1. I have changed the title as recommended
2. Mean has been added
3. I removed the decimals
4. I have added a sentence about comorbidities to demonstrate that our population should be comparable to others

Changes in the text: Paragraph 5 of the discussion – "A study population with 1.3% radiation exposure and 13.3% rates of autoimmune disease (table 2) should be generalisable to the broader population suffering from sialadenitis."

Comment 24: table 3:

1. like other tables need an improved tittle:eg "Preoperative disease characteristics of patients undergoing sialendoscopy"

2. be consistent with use of % - add to the imaging modalities

3. suggest remove the clinical from sialolithiasis given all cases were radiologically identified.

4. pathology row would be better label Pre-operative pathology or radiological pathology

Reply 24:

1. I have changed the title as recommended
2. I have added percentages to the imaging modalities
3. I have removed ‘clinical’
4. I have changed it to radiological pathology. I have removed stricture, other, and no pathology noted from table 3 and placed it in table 4 as what was previously there were intraoperative rather than preoperative findings.

Changes in the text: see above

Comment 25: table 4:

1. title again " Intraoperative parotid and submandibular pathology of patients undergoing silaendoscopy

2. consistent use of % as in other tables for the pathology

3. should you add no stone as a result

4. the submandibular numbers don't add up - if there were 18 stones and 2 strictures, that would make 5 others but there are 6 with a stone radiologically but not operatively - can you somehow make these figures easier to understand and so that they add up?

Reply 25:

1. I have changed the title as recommended
2. I have added percentages
3. I have added a row for no stone.
4. I think us specifying stricture *alone* was unhelpful. The numbers won’t necessarily add up because there were multiple pathologies found intraoperatively in some glands.

Changes in the text: I have added several more rows of intraoperative pathology into table 4 and removed the summary of this from table 3 as should have preoperative rather than intraoperative pathology

Comment 26: table 5:

1. title - eg " intraoperative surgical factors for patients undergoing sialendocsopy"

Reply 26: I have changed this table to table 6 (see comment 21), and changed the title as recommended

Changes in the text: as above

Comment 27: Table 6 (note – I have relabelled this table 5)

1. Needs a more desciptive title

   Reply: The new title is "Associated intraoperative factors for patients who had stones identified while undergoing sialendoscopy"

2. The "p" column needs a better header - p-value and an annotation as to how this was calculated eg Chi test– usually this is added a footnote to the table. It should also state what is statistically significant. This should also have been mentioned in the methods section.< 0.05..Did the authors discuss the use of a chi test with a statistician? With small numbers a fisher exact test is often a better calculation. A p value of 0 is technically impossible and thus it is standard to call very small p values < 0.0001. This also brings into debate the validity of these results. When there are no tears in either group this raises the likelihood that the sample size was just to small to show a difference rather than this truly being statistically significant.

   Reply: Chi square was initially selected as sample sizes were >5. We didn't use a professional statistician. Chi square has been changed to Fisher's exact test as recommended.

   Footnote has been added to clarify statistical testing. An increased number of decimal places are used so as to avoid appearing to be p=0.00 for being unable to cannulate the duct.

   No new statistically significant results or non-significant results are identified, so no changes to our conclusions have been made.

3. There are different denominators within the columns which as a reader I don't understand – if there was a total of n + 38 why under good view was the figure 26/32? Similairly for steorids 5/32, mechanical cmplciaitons 5/32.

   Reply: The error in the denominator under 'good view' occurred from our first reading of the operation notes. There was heterogeneity in how the quality of the view was reported- only 32 of the notes explicitly reported the quality of the view. By definition, however, if we were able to identify the stone intraoperatively the view must have been close to adequate. The operation notes have been re-reviewed and if a stone was visualized and there was no mention of a challenging view, the sialendoscopy was deemed to have a 'good view'. The numbers have been changed accordingly. Thank you for bringing it to our attention. There was a

transcription error (as a result of the above) in our denominator for the column in “aborted” and “steroids”, both of which should be 5/38, 13.2%. I have made these changes accordingly.

4. If you were unable to pass a scope or cannulate the duct how was a stone removed? Ie 1/24 in the unable to canulate row. This row raises concerns about the valibity of the data.

   Reply: This was a patient with a 3mm distal parotid duct stone where the duct couldn’t be cannulated, but a papillotomy could be performed to allow the stone to be retrieved and sludge was expressed. The sialendoscope wasn’t particularly helpful in this case.

5. This table’s results are not referenced within the body of the text or within the discussion. The authors need to explain these results and discuss them.

Taken on face value these results suggest the following which should all be discuused. The non significant factors I would be inclined to just remove from the table . In which case you could label the table “statistcailly significant associations with stone removal during sialendoscopy. “· Good views during sialendoscopy are significantly associated with higher rates of stone retrieval. Inability to cannulate or pass the scope is significantly associated with lower rates of stone retrieval. – fairly obvious statement although as mentioned above the data states one stone was removed despite being unable to cannulate. Papillotomy or cut down and significantly associated with improved retrieval outcomes

Reply: In results, I have inserted the following “Good views during sialendoscopy were significantly associated with higher rates of stone retrieval (p=0.18), and, as one would expect, an inability to cannulate or pass the scope is significantly associated with lower rates of stone retrieval (p=0.002). Papillotomy or cut down were significantly associated with improved retrieval outcomes (p=0.0001) (table 5).”

In the third paragraph of the discussion I have mentioned papillotomy/cut down. In the fourth paragraph of the discussion, I mentioned good views and ability to cannulate the duct.

I have taken your suggestion of removing non-significant factors – steroid, false passage, tear, and mechanical complication.

Comment 28: 34 + 46 = 80 but there were only 75 patients in the study??

Reply 28: This was an oversight/miscalculation based on the number of procedures rather than patients. 34 patients were supposed to be followed up publically and the rest were supposed to be private (i.e. 41). 26 of the public patients had suitable documentation of whether they did or did not have improvement or complications at follow up, and 24 of the private patients did – the private patients were asked to make a follow up appointment, but many didn’t, which may mean that they had symptomatic improvement but I didn’t want to speculate. I have corrected this.

Changes in the text: in Follow up - “34 patients were planned for followed up in St Vincent’s Hospital, Melbourne, and 41 were planned for private follow up. 50 patients (26 public, 24 private) had reliable documentation of their outcomes at follow up.”

In the last paragraph of discussion “Limitations of the study include its retrospective nature, a relatively low sample size, and poor rate of long term follow up. Patients often did not attend follow up, or were discharged from clinic if their symptoms resolved after the first post operative visit, which further lessens the sample size and makes association with symptom-improvement more difficult to derive.”

Comment 29: lost to followup is a limitation to be mentioned in the discussion along with relatively low sample size to make strong associations regarding associations with stone removal as above.

Reply 29: These are significant limitations and have been included in the reply to comment 28

Changes in the text: see above

Comment 30: what percentage of cases did you use steroids in and how does this correlate with the literature?

Reply 30: I have restructured the sentence to clarify and elaborate. Firstly, we did not routinely use intraductal lignocaine, so I have removed reference to that. We used steroids (1ml of 4mg/ml dexamethasone) in just 17.5% of patients, which perhaps speaks to the fact that our interventions were somewhat personalized for patients and therefore makes conclusions about the efficacy of a standardized treatment somewhat difficult to draw. Many other studies mention steroid use and its efficacy, but perhaps the fact that I haven’t seen their rates of use means they have a more standardized regimen and always use it.

Changes in the text: fourth paragraph of discussion – “Dexamethasone irrigation has evidence in reducing intraglandular inflammation and in reducing severity of recurrent parotid sialadenitis (15), but was only used in 17.5% of cases in this study, owing to the fact that the interventions were personalized for each patient. This therefore makes conclusions about the efficacy of a standardized treatment difficult to draw.”

Comment 31: how incaccurate is a radiological diagnosis of a stone. I would expect a positive finding on imaging is very accurate - have you got data to suggest it isn’t?

Reply 31: I agree. Specificity of MR, US, and sialography is reported as at least 80% (Jäger L, Menauer F, Holzknecht N, Scholz V, Grevers G, Reiser M. Sialolithiasis: MR sialography of the submandibular duct--an alternative to conventional sialography and US? Radiology. 2000

Sep;216(3):665-71. doi: 10.1148/radiology.216.3.r00se12665. PMID: 10966693.). Presumably accuracy has only improved since then.

I suspect the 29.63% rate of not identifying radiologically-diagnosed stones is more because of the challenge of the technique rather than diagnostic inaccuracy. I have written a line to that effect.

Changes in the text: In the 4th paragraph of discussion – "In this study, 29.63% of patients who were suspected to have calculi radiologically did not have stones identified or extracted intraoperatively, which is likely due to difficult access (30% did not achieve good views, and cannulation of smaller secondary or tertiary ducts may not have been possible), or previously passed stones. A less likely reason would be diagnostic inaccuracy with the specificity of MRI, ultrasound, and sialography for sialolithiasis all reported to be above 80% (16).

Comment 32: do you have data on how many patient went on to have gland removal and if so this should have been presented in the results

Reply 32: 6 patients had gland excision in our records. This has been added in both the results and touched on at that point of the discussion.

Changes in the text: at the end of Results – "6/80 glands (7.5%) went on to be removed with open surgery."

Comment 33: This result was not provided in the result section – in reference to "Symptom improvement for submandibular gland disease vs parotid disease were not significantly different."

Reply 33: Agreed –it's worth mentioning, so have added it to the results section in follow up.

Changes in the text: "There was no significant difference in symptomatic outcome between the two glands, with 11/14 (78.6%) of submandibular gland, and 28/36 (77.8%) of parotid procedures resulting in a symptom improvement ($p > 0.05$)."

Comment 34: I would suggest re writing this statement to read: Here's an improved version of the statement:

Reply 34: I have replaced the statement with your recommendation, thank you

Changes in the text: replaced the first part of the sixth paragraph with "The initial management of sialadenitis due to obstructive pathologies typically begins with conservative therapies. If these are ineffective, sialendoscopy should be considered the next step, and if necessary, more invasive open surgical techniques may be pursued"

Comment35: While the tables are annotated in the results, they are not fully integrated into the narrative. For example, the text should clearly reference where the patient demographics are presented (e.g., "Patient demographics are detailed in Table 2"), followed by a summary of key features. This approach should be applied consistently for each table, ensuring that critical data is highlighted and discussed in the text.
Additionally, there is significant information presented in the tables that is not mentioned in the results section but appears in the discussion or even introduced for the first time in the conclusion, such as operative time. It is important to note that **no new data** should be introduced in the discussion or conclusion sections. Data that are significant enough to warrant discussion should be explicitly presented in the results section, not just left in the tables. If these findings are to be discussed, they need to be clearly described within the results to ensure transparency and clarity for the reader

Reply35: I have tried to answer both comments with the inclusion of data from the tables in the body of the results section.

Changes in the text:

- Change of text in line 111 – "Patients identified were then screened against inclusion and exclusion criteria, as detailed in Table 1. Patients were age >18 years, sialadenitis was the indication for sialendoscopy, and no previous sialendoscopy had been undertaken. "
- Changes in line 159 – "Patient demographics are detailed in Table 2, with patient ages ranging from 18 to 86 with a mean age of 50.1 ± SD 16, a 57% female predilection, and 11 patients with comorbidities that affect salivary function (1 previous radiation exposure, and 10 with autoimmune disease)."
- Changes in line 160 – "Preoperative disease characteristics are detailed in Table 3. All patients had radiological investigation preoperatively; 48 by CT, 35 by ultrasound, 9 by MRI, and 6 by sialogram. The stone size, as determined radiologically, varied from 2mm to 10mm with a mean of 4.61mm±SD2.1. 70 (93.3%) patients had unilateral symptoms, with 55 (68.8%) of those being parotid rather than submandibular gland."
- Changes in line 163 – "Intraoperative pathology is detailed in Table 4. 54/80 (67.5%) patients had sialendoscopy performed for a radiological history of stones, and 16 of those

patients (29.63%) did not have stones located intraoperatively. When stones were located, they were most frequently encountered in the proximal end of the duct or in the gland hilum (40% in parotids versus 50% in the submandibular gland). Strictures were found in 28 parotids (50.9%) versus 2 submandibular glands (8%), sialectasis was found in 3 parotids (5.5%) versus no submandibular glands, and no pathology was found in 2 parotids (3.6%) versus 2 submandibular glands (8%)."

- Changes in line 165 – "Table 5 demonstrates intraoperative factors for patients who had stones identified during sialendoscopy."
- Changes in line 172 – "Intraoperative surgical factors are detailed in Table 6. Operative time was a mean of 49.3 minutes, but was highly variable (SD 30 minutes). Interventions included instillation of steroid for 14 (17.5%) cases, papillotomy or cut down in 26 (32.5%) cases, and attempted basket retrieval in 25 (32.3%) cases. Good views were achieved in 49/80 (61.3%) of the procedures which were undertaken, and 26/80 (32.50%) did not result in the scope successfully being passed into the duct. These latter cases were either abandoned, or more often proceeded to at least dilatation of the papilla; undertaken in 71 cases (88.8%). False passages were made in 9 (11.3%) cases, or tears to the papilla or duct in 2 (2.5%) cases, which had no lasting consequences. 2/80 cases converted to gland excision intraoperatively, and 6/80 glands (7.5%) went on to be removed with open surgery at a later date."