

## ANSWERING REVIEWERS



June 24, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (Manuscript\_20140429045336-review.doc).

**Title:** [AUTOIMMUNE PANCREATITIS: MULTIMODALITY NON-INVASIVE IMAGING DIAGNOSIS](#)  
**ESPS Manuscript NO:** 10996

**Author:** Crosara S., D'Onofrio M., De Robertis R., Demozzi E., Canestrini S., Zamboni G., Pozzi Mucelli R.

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

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 02503737 asked: "On color-Doppler ultrasound, the enlarged pancreas can show hypervascularity, but decreased enhancement of the pancreatic gland in the early phase of contrast-enhanced CT is one of the typical finding of AIP. How do the authors explain this discrepancy?".

The answer to this question reside in the pathological characteristics of the lesions in the pancreatic gland affected by autoimmune pancreatitis. The reason of the hypovascularity of the affected parenchyma in the early phase of CT and CEUS studies is not due to the scarcity of vessels, but due to the fact that the vessels themselves are distorted and shrinked because of the perivascular inflammatory infiltrate, in the same manner as the main pancreatic duct. These changes in the microarchitecture of the perivascular spaces cause a slowing down of the blood flow in the affected vessels and therefore the color-Doppler signal is present together with a slow contrast-enhancement of the affected pancreatic parenchyma.

(2) language mistakes have been corrected and the manuscript has been reviewed by a mother-tongue English speaker.

(3) abstract has been rewritten in a more concise way

(4) abbreviations have been clarified using the full phrase when used for the first time

(5) images have been made more comprehensible using arrows

(6) we agree with reviewer 01192010, there are many illustrations, but we decided to insert so many of them in order to fully clarify the two main aspects of autoimmune pancreatitis (the diffuse and the focal type) both at CT and MRI imaging, showing every examination phase and sequence. In conclusion, in order not to miss the aim of this paper we decided not to extensively cover with the AIP treatment, follow up and disease relapse management, but mainly to focus on the autoimmune pancreatitis diagnosis by means of imaging examinations.

3 References and typesetting were corrected

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

Best regards,

Mirko D'Onofrio