

Format for ANSWERING REVIEWERS

May 30, 2015



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17913-edited).

Title: Endoscopic ultrasound guided thrombin injection of angiographically occult pancreatitis associated visceral artery pseudoaneurysms: Case series

Author: Shivanand Gamanagatti, Usha Thingujam, Pramod Garg, Surajkumar Nongthombam, Nihar Ranjan Dash

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 17913

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

Reviewer 1 (Reviewed by 00503824)

Comments To Authors

This is a case series of 3 patients with pseudoaneurysms associated with pancreatitis treated with EUS guided thrombin injection.

Major comments: ?

The title should include the pancreas to indicate where the pseudoaneurysm is and what it is associated with.

Answer: Title has been changed to “Endoscopic Ultrasound Guided Thrombin Injection of Angiographically Occult Pancreatitis Associated Visceral Artery Pseudoaneurysms: Case Series”

? More clinical information regarding the patients is required. For example, what is the aetiology of the pancreatitis; did they have any other complications; why did patient one have a surgical clip, etc.

Answer: one patient had alcohol related pancreatitis; other two had gall stone-related pancreatitis, (**made a separate column Table 1**). None of them had any other complications other than pseudoaneurysms. Patient 1, had surgical clipping due to surgical clipping of GDA for closure of pseudoaneurysm by laparoscopic surgeon. **Highlighted in case report and also in legend of figure 3.**

? What were the outcomes of the patients after the treatment and the length of follow up?

Answer: All three patient under went EUS on next day and clinical follow up after a month. None of these patient had recurrence of symptoms of bleeding. (**added to the manuscript**)

? Who was the gastroenterologist who performed this procedure? Is he a coauthor? If not he should be and his role highlighted in the text.

Answer: Author number 3 (Dr. Pramod Garg) is our gastroenterologist, who performed this procedure and he is co-author. His role has been described in the technique of thrombin injection.

? How long did the procedures take?

Answer: The entire procedure from start of localization to complete thrombosis of pseudoaneurysm lasted about 15-20 min.

? It is stated that the patients did not have anaesthesia. Were they given conscious sedation?

Answer: No anaesthesia was given, not even conscious sedation.

? Was an Institutional Review Board permission obtained for this study? ? Was patient consent obtained for publication

Answer: No institutional review board permission was obtained. Since this is just technical observation and retrospective analysis of only 3 cases. Consent was obtained for the publication not for publication.

? Minor comments: ? Figures 1 and 2: the A – D labels should be inserted in the figures.

? Figure 2: the arrows should be inserted.

Answer : Necessary corrections were made.

Reviewer 2 (Reviewed by 00043396)

Comments To Authors

I think this is an interesting paper highlighting a method of occluding pseudo aneurysms, which are otherwise difficult to reach.

Reviewer 3 (Reviewed by 00505481)

Comments To Authors

Well done paper, interesting to read

Reviewer 4 (Reviewed by 00742022)

Comments To Authors

Endoscopic Ultrasound Guided Thrombin Injection of Angiographically Occult
Visceral Artery Pseudoaneurysms: Case Series

This is a very nice study and my comments are all grammatical.

Pages are not numbers but I place them in order

Queries:

- We review few cases where We review a few cases
- where previous surgical clipping (Fig 1) or angiographically occult

- (previous surgical clipping (Fig 1) or that were angiographically occult (with gastroenterologist has got experience in EUS guided with a gastroenterologist experienced in EUS guided
- Gastroenterologist, who has got experience in EUS guided procedures, A gastroenterologist experienced in EUS guided procedures,
- Procedure was performed without The procedure was performed without
- Prior to target the pseudoaneurysm Prior to targeting the pseudoaneurysm
- insulin syringe and such five thrombin insulin syringe and five such thrombin
- success of thrombosis was confirmed and needle success of thrombosis was confirmed and the needle
- Next day, repeat EUS was done to reconfirm The next day, repeat EUS was done to reconfirm
- CT angiography to confirm the CT angiography confirmed the
- Diagnostic modality like CT angiography A diagnostic modality like CT angiography
- In situation where the access In situations where the access and
- picked up only on other imaging modality like CT and detected only with other imaging modalities such as CT
- cases not feasible by endovascular cases not feasible via an endovascular
- could not delineate the lesion clearly could not delineate the lesion clearly,
- There are very few literature describing the There are very few studies in the literature describing the
- of the earliest description Roach of the earliest descriptions Roach
- good alternatives as means of thrombin good alternatives as a means of thrombin

Answers: All necessary corrections are made and incorporated in manuscript

Reviewer 5 (Reviewed by 02486710)

Comments To Authors

Thank you for allowing me to review this study, my comments are below

- 1- There are numerous typos and grammatical errors, please revise the paper with a native English speaker

Answer: Appropriate Corrections are made

- 2- Please revise your title and indicate the association between pseudoaneurysm and pancreatitis.

Answer: Title has been changed, to indicate association between pseudoaneurysm and pancreatitis.

- 3- Please provide more information regarding prior history and the predisposing factors of pancreatitis. Why surgical intervention was required in one patient? Please update the post interventional outcomes clearly with the length of follow up?

Answer: We have added a separate column to indicate the cause/predisposing factor of pancreatitis. Laparoscopic metallic slipping of gastroduodenal artery was done at some center, details of which not available (why they opted for this option). We had limited follow up of these patients, immediate follow up by EUS on next day and one month clinical follow up. During this follow up none of the patient had any recurrence of symptoms.

- 4- Please provide more information about endoscopic interventions such as complications during intervention and length of procedure.

Answer: We did this procedure without using any anesthesia and fortunately we did not encounter any complications. The entire procedure from start of localization to complete thrombosis of pseudoaneurysm lasted for about 15-20 min.

- 5- Please clarify type of anesthesia and post interventional pain management.

Answer: We did this procedure without using any anesthesia. Already these patient had ongoing pancreatitis pain, were receiving adequate analgesia. None of the patients required any additional analgesia following the intervention.

- 6- Please revise the figures for labels and arrows.

Answer : Necessary corrections were made.