This manuscript was reported about a rare case of desmoid type fibromatosis at the pancreatic head. This patient had a surgical history of a total hysterectomy. Preoperative diagnosis was reactive fibroinflammatory pseudotumor, however, the final diagnosis after surgery was changed to desmoid type fibromatosis with the reason of positive staining for beta-catenin.

1) Figure1; This CT image was taken at the arterial phase. I guess the tumor contour would be clearer at the late phase. Was the high density circle a metallic stent in the bile duct? Explain in the figure legend. This tumor rapidly grew for the short time. When this CT image was taken?
The imaging radiologist at RMC was contacted regarding the image at late arterial phase. Later phase imaging was not available as it is not part of their typical imaging protocol. The high-density circle was confirmed to be a metallic stent in the common bile duct.

2) Show the macroscopic image of the resected specimen.
There is no gross photo of the resected pancreas specimen available. This is not routinely done in the gross room. Would the gross description of the tumor be appropriate and sufficient? If so, here it is as follows:
"Involving the majority of the pancreatic head, is a poorly-defined tan-white 6.0 x 5.5 x 4.8 cm diffusely infiltrative mass that surrounds the pancreatic and common bile duct. Common bile duct is patent and contains a wire mesh stent device. The pancreatic duct is stenotic proximally. The outer surface of the mass closely approaches several peripancreatic soft tissues by 1.0 mm or less. The tumor elevates and invades the duodenal wall but not the mucosa.
Surgical margins are adequate (common duct, papilla of Vater, gastric and duodenal)."

3) As you pointed out, nuclear staining for beta-catenin was observed in figure 5. However, cytoplasmic staining was observed also in many tumor cells. This was a key point of this manuscript. Do you have any other typical image indicating nuclear staining?
Figure 5. Represents best typical image of IHC Beta-catenin selected. Most, if not all of the positive staining represent stained variably tapered and plump myofibroblast nuclei. Cytoplasmic staining is faint. Staining was validated by two pathologists.

4) Do you think there is any relationship between the pancreatic desmoid tumor and a history of hysterectomy? There is some distance between the lesions.
The cause of DTF is probably multifactorial (genetic, endocrine, physical factors as in trauma). It is conceivable that history of surgical trauma (hysterectomy) maybe an inciting factor but the relationship does not appear to fit due to anatomic organ location and distance.

5) p3 l13, What is a partial PD?
"partial PD"= Partial pancreatico-duodenectomy (Whipple's procedure, partial, proximal).