



**Baishideng
Publishing
Group**

7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Answering Reviewers

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst" (Manuscript NO: 39806, World Journal of Clinical Cases). All these comments are valuable and very helpful for revising and improving our paper, as well as providing important guiding significance to our studies. We have studied the comments carefully and have made corrections that we hope will be met with approval. All significant changes are highlighted in yellow in the revised manuscript. In addition, our revised manuscript has been edited by a professional editorial service. The main corrections in the paper and the responses to the reviewer's comments are shown below.

Answering Reviewer #1

Name of journal: World Journal of Clinical Cases

Manuscript NO: 39806

Title: A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst

Reviewer's code: 03647581

Reviewer's country: Italy

Science editor: Li-Jun Cui

Point-by-point responses to the reviewer's comments are as follows:

1. Response to comment: I suggest to change the title in order to indicate that we are talking about bleeding after EUS-guided debridement of pancreatic pseudocysts.



Response: Dear reviewer, thanks for your professional suggestion. We have changed the title and key words. The new title is "A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst".

2. Response to comment: "In addition, a pre-procedural magnetic resonance cholangiopancreatography (MRCP) was performed following injection of contrast into the biliary system." What is that? MRCP does not require contrast to exactly draw pancreaticobiliary ductal system!

Response: Thanks for your important correction. We apologize for the incorrect information. We have accurately described MRCP and deleted the incorrect information.

3. Response to comment: I suggest to remove any colloquial expression: ("two birds, one stone", "how can we change the dangerous condition?"), they are funny but this is a scientific report.

Response: We have deleted all the colloquial expressions, and we will keep this principle in mind for future manuscripts. Thanks for your helpful suggestion.

4. Response to comment: Given the high risk of post-procedural morbidity, why the authors decided to perform cross-sectional imaging after 2 months?

Response: The patient underwent cross-sectional imaging (CT, Ultrasound) after 2 months for the following reasons: (1) to evaluate the resolution of fluid collection and the therapeutic effect, (2) to observe the occurrence of postprocedural adverse events, and (3) to assess the ideal time to remove the stent.

Other changes:

Dear reviewer, to meet the standards of *World Journal of Clinical Cases*, we have made



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other major revisions in our manuscript. All the significant changes are highlighted in yellow in the revised manuscript. Other changes are shown below.

- 1) DISCUSSION, Paragraph 3. We focused on the reasons why this patient chose EUS-guided drainage for the pancreatic pseudocyst and compared this procedure with surgical treatment.
- 2) DISCUSSION, Paragraph 5. We focused on why we used a novel hemostasis method (balloon dilator compression) in EUS-guided drainage for a pancreatic pseudocyst under endoscopic guidance to control acute, massive bleeding instead of interventional radiology-guided coil embolization, endoscopic cauterization, or surgery.
- 3) To make this manuscript more specific and informative, we have revised and deleted several unnecessary details in the CASE REPORT and DISCUSSION sections, which are highlighted in yellow.



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Answering Reviewer #2

Name of journal: World Journal of Clinical Cases

Manuscript NO: 39806

Title: A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst

Reviewer's code: 00504150

Reviewer's country: Canada

Science editor: Li-Jun Cui

Point-by-point responses to the reviewer's comments are as follows:

1. Response to comment: The authors should give extra cautions to the readers and should be unbiased.

Response: Dear reviewer, thanks for your helpful suggestion. We have added extra unbiased cautions to the readers and shared our experience with this case. Details: "From this case, we learned the following. Although EUS-guided drainage for PPC is safe and effective, there are some adverse events, and interventional endoscopists need to prepare in advance to address different problems." "In addition, management of bleeding requires integrated and multidisciplinary cooperation, such as between surgeons, endoscopists and radiologists."

The revised details are shown in the DISCUSSION section, Paragraph 5, and highlighted in yellow.

" Although this method was effective in our patient, more successful cases are needed to confirm the validity of this new hemostasis method in future studies."



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The revised details are shown in the DISCUSSION section, last paragraph, and highlighted in yellow.

2. Response to comment: In my opinion, this case should have been treated with surgical procedure, not EUS guided drainage, from the beginning. The authors state that the patient was an inoperable situation due to serious pancreatogenic portal hypertension. I totally disagree with this statement. EUS guided drainage is much more dangerous for a patient with pancreatogenic portal hypertension.

Response: Thanks very much. These are important and valuable comments. We apologize for the shortage of details regarding the therapeutic choice in the initial manuscript. We have added details regarding why this patient chose EUS-guided drainage for a pseudocyst and compared this procedure with surgical treatment. There were three main reasons. First, the patient tried other treatments, including conservative approaches as well as endoscopic nasopancreatic and percutaneous methods. However, the PPC continuously recurred. Another possible treatment for this patient is pseudocyst-jejunum anastomosis due to the connection between the pseudocyst and the pancreatic duct. Although surgery is the traditional therapy for PPC, it is associated with more complications, such as pancreatic fistula and intestinal fistula, longer length of recovery and hospital stays, and increased cost. In contrast, EUS-guided drainage is a minimally invasive treatment for pseudocysts with fewer adverse events and shorter length of recovery. Third, the patient experienced serious PPH. Surgery causes substantial trauma that could potentially injure the variceal vessels and increase the risk of bleeding, while EUS allows for real-time visualization of the vessels.

The revised details are shown in the DISCUSSION section, paragraph 3, and highlighted in yellow.



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https://www.wjgnet.com

4. Response to comment: Overall the manuscript is well written and interesting but there are too many statements in favor of EUS guided drainage over surgical approach.

Response: Thanks for your helpful advice. 1) We have changed or deleted several statements in favor of EUS-guided drainage over the surgical approach and provided an objective description. We have deleted some excess information, such as “Endoscopic ultrasound (EUS)-guided drainage is often viewed as a standard first-line therapy instead of surgical or interventional radiology approaches for patients with symptomatic PPC”

The revised details are shown in the initial ABSTRACT section.

2) Furthermore, we have quoted a reference (reference 14) comparing endoscopic and surgical drainage for pseudocysts; the authors revealed that these procedures had equal efficacy for PPC drainage.

The revised details are shown in the DISCUSSION section, Paragraph 2, and highlighted in yellow.

5. Response to comment: The authors also should address several minor points.

(1) The title should include a word such as pancreatic pseudocyst, and EUS guided drainage. For example, “a case of successful hemostasis using a balloon dilator in massive bleeding during EUS-guided drainage for pancreatic pseudocyst”.

Response: Thank you very much for your professional suggestion. We have changed the title according to your example and deleted 6 words because the journal requires the title to be no more than 12 words. The new title is “A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst”



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(2) On page 5 line 4 from bottom: "MRCP revealed one a homogeneous..." should be "MRCP revealed a homogeneous...".

Response: Thanks for your friendly and careful review. We apologize for the mistake and have deleted the unnecessary word "one".

(3) The authors should describe more detail about transfusion. What was transfused? Packed red blood cell only? Fresh frozen plasma? How much?

Response: We have added specific details regarding the blood transfusion. We transfused 1.5 units of fresh red cells.

The revised details are shown in the CASE REPORT section, Paragraph 3, and highlighted in yellow.

(4) Page 6 line 5 from top: What do the authors mean by saying "international therapy"?

Response: Thanks for your careful review. We apologize for the incorrect use of the word "international". We have revised the text, and the correct word is "interventional".



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Answering Reviewer #3

Name of journal: World Journal of Clinical Cases

Manuscript NO: 39806

Title: A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst

Reviewer's code: 03408355

Reviewer's country: China

Science editor: Li-Jun Cui

Point-by-point responses to the reviewer's comments are as follows:

1. Response to comment: The discussion should be shortened to be more specific and informative.

Response: Dear reviewer, thank you very much for your professional suggestion. To make this manuscript more specific and informative, we have revised and deleted several unnecessary details and added some more informative contents, particularly in the DISCUSSION section, which are highlighted in yellow. In addition, we have deleted some relatively insignificant information in the ABSTRACT and CASE REPORT sections.

The revised details are shown in the DISCUSSION section, Paragraphs 2, 3 and 5, and highlighted in yellow.

2. Response to comment: The tables could be attached as supplementary files.

Response: We have attached the tables as supplementary files.



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3. Response to comment: A total of 33 references were cited, which was too many for a case report.

Response: Thanks. We have removed some unnecessary references, and only 19 necessary references are included in the revised manuscript.

4. Response to comment: There were some language mistakes in the text. Please check and correct all the mistakes.

Response: The revised manuscript has been edited by a professional editorial service.

Other changes:

Dear reviewer, to meet the standards of *World Journal of Clinical Cases*, we have made other major revisions in our manuscript. All the significant changes are highlighted in yellow in the revised manuscript. The other changes are shown below.

- 1) DISCUSSION, Paragraph 3. We focused on the reasons why this patient chose EUS-guided drainage for the pancreatic pseudocyst and compared this procedure with surgical treatment.
- 2) DISCUSSION, Paragraph 5. We focused on why we used a novel hemostasis method (balloon dilator compression) in EUS-guided drainage for a pancreatic pseudocyst under endoscopic guidance to control massive bleeding instead of interventional radiology-guided coil embolization, endoscopic cauterization, or surgery.
- 3) To make this manuscript more specific and informative, we have revised and deleted several unnecessary details in the CASE REPORT and DISCUSSION sections, which are highlighted in yellow.
- 4) We have changed the title and key words. The new title is "A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst".



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Answering Reviewer #4

Name of journal: World Journal of Clinical Cases

Manuscript NO: 39806

Title: A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst

Reviewer's code: 03656586

Reviewer's country: China

Science editor: Li-Jun Cui

Point-by-point responses to the reviewer's comments are as follows:

1. Response to comment: Firstly, the authors mentioned "hemorrhages have been treated with conservative therapy, endoscopy, interventional radiology-guided embolization or surgery". We wonder the success treatment rate for previous cases. If the success rate was high enough for previous co-operation, what's the meaning of using this novel method?

Response: Dear reviewer, thanks for your important comments. We apologize for the shortage of details regarding the bleeding treatment options in the initial manuscript. We have added details regarding the failed conservative therapy (blood transfusion). In addition, we described why we chose a novel method rather than radiology-guided embolization, endoscopic cauterization or tamponade, or surgical treatment for this patient. Details: "In the present case, the patient experienced acute and massive bleeding surrounding the puncture site, and surgery seemed to be an appropriate option. However, considering the serious situation with PPH, surgery could possibly damage the variceal vessels, while EUS with color Doppler ultrasound can identify the surrounding vessels and avoid intervening vessels at the puncture site. Furthermore,



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because the bleeding was so severe, we needed a rapid, efficient, less damaging form of hemostasis to control it, and balloon compression quickly controlled the bleeding. In addition, the outcome of EUS appeared poor when the bleeding occurred like “blood stream”, and there were multiple, indefinite bleeding points. Thus, endoscopic cauterization or tamponade treatment and interventional embolization may be impossible to perform. Under these conditions, balloon compression represented optimal hemostasis with the advantages of convenience, quickness, inexpensive cost, and minimal invasiveness.”

The revised details are shown in the DISCUSSION section, Paragraph 5, and highlighted in yellow.

2. Response to comment: Secondly, the authors only followed-up for 3 months after stent removal. The long-term outcome of this novel hemostasis was absent.

Response: This is a substantial problem for this novel form of hemostasis. Thus far, nearly 6 months have passed since the EUS-guided drainage procedure, and we will continue to focus on the effect of the new method. Furthermore, although this method was effective in this patient, more successful cases are needed to confirm the validity of this new hemostasis method in future studies.

3. Response to comment: Thirdly, why the authors selected this kind of stent? Did the stent has any significant advantage for this case? If not, what is the significance of this case report?

Response: Yes, the stent was significant in this case for the following reasons.

1) In this patient, communication between the pseudocyst and pancreatic duct was identified by MRCP. EUS-guided drainage with a plastic stent for a pseudocyst can help to terminate the communication between the pseudocyst and pancreatic duct; in



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addition, it can help to decrease the recurrence rate.

- 2) There are mainly two kinds of stents for EUS-guided drainage for a pseudocyst, plastic and metal stents. Plastic stents have the characteristics of small caliber, low cost, easy placement, and easy extubation, while metal stents have the characteristics of large caliber, high cost, and possibility of migration and hemorrhage. Considering the condition of this patient, we chose a plastic stent for her.
- 3) Another possible treatment for this patient could perform pseudocyst-jejunum anastomosis due to the connection between the pseudocyst and pancreatic duct. Although surgery is the traditional therapy for PPC, it is associated with more complications, such as pancreatic fistula and intestinal fistula, longer length of recovery and hospital stays, and increased cost. In contrast, EUS-guided drainage is a minimally invasive treatment for pseudocysts with fewer adverse events and shorter length of recovery.

Other changes:

Dear reviewer, to meet the standards of *World Journal of Clinical Cases*, we have made other major revisions in our manuscript. All the significant changes are highlighted in yellow in the revised manuscript. The other changes are shown below.

- 1) DISCUSSION, Paragraph 3. We focused on the reasons why this patient chose EUS-guided drainage for the pancreatic pseudocyst and compared this procedure with surgical treatment.
- 2) To make this manuscript more specific and informative, we have revised and deleted several unnecessary details in the CASE REPORT and DISCUSSION sections, which are highlighted in yellow.
- 3) We have changed the title. The new title is "A balloon dilator controls massive bleeding during EUS-guided drainage for pancreatic pseudocyst".