

Editor-in-Chief
February 22,2019

Dear Dr. Jin-Lei Wang,

We really appreciate the prompt review process and thank you for sharing the feedback from the reviewers. The acute pancreatitis and hepatitis are the rare sequel of the hiatal hernia. Our case is novel due to rarity of the pathology and in addition, it depicts the rare association of hepatitis. We have discussed regarding the possible pathogenesis of the acute pancreatitis and its management. We have also opined on the conservative management strategies.

We have responded to the reviewers' comments and have accommodated most. We have enumerated them in the following page. As per the request of the reviewer we have made further trimmed our introduction and the discussion. There are no major additions.

Patient and family had opted for the palliative management; hence, the post-symptom-resolution CAT scan could not be performed. However, we do have imaging studies prior to the acute pancreatitis and have included in presentation. We have not performed the serum amylase. The current consensus recommends either serum lipase or serum amylase for the diagnosis of the acute pancreatitis. The sensitivity of the serum lipase is higher in the patient with the late presentation to the hospital. We have not performed the C-reactive protein and hence cannot discuss the same in the case.

Best Regards,

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Reviewer #1:

The manuscript is very interesting, I suggest accepting the contribution with minor language corrections.

- Thank you for the comment. Minor language corrections are done.

Reviewer #2:

The authors have not written this paper based on the format of case reports of scientific articles.

- Case reports format is changed according to the CARE guidelines.

Introduction and Discussion are too long. There are many useless descriptions in this paper.

- Thank for the valuable comment. Both these sections are edited, and the relevant information is retained in the manuscript.

Presentation of Table and Figure is not appropriate.

- These are edited as per Journal requirements.

In acute pancreatitis, it is insufficient that the values of CRP which is a marker of inflammation and amylase of pancreatic enzyme are not presented.

- A new table showing trend of these lab values is added.

In this case, surgery and gastrostomy were not selected, and conservative treatment was done.

- Conservative management was opted by the patient and the family members. Other surgical interventions as mentioned above were refused. We have mentioned different management options in the discussion section for the patients who refused or cannot undergo invasive procedures

In order to understand the pathophysiology of the disease, an image after improvement of acute pancreatitis and transaminitis should be presented. Otherwise, an image before onset should be presented.

- An abdominal imaging using CT scan is added from prior admissions showing hiatal hernia without herniation of the pancreas. It was difficult to obtain follow up imaging as the family and patient opted for conservative measures only.

Reviewer #3:

Patient clinical status improved with conservative treatment, while more details are needed, including the symptom improvement and indexes change.

- This is discussed in treatment section of the case presentation. We were able to report the interval improvement in the hepatitis; however the repeat imaging studies could not be obtained.

More emphasis should be placed on the innovation and significance of the case.

- This is discussed in third paragraph of the introduction