Point-by-point responses

Invited Manuscript ID: **03475120**

Name of Journal: **World Journal of Clinical Cases**

Manuscript Type: **Case Report**

Title: **Impact of continuous local lavage on pancreatic juice-related postoperative complications**

Corresponding author: **Tomohide Hori, PhD., MD., FACS.**, Editorial Board member of World Journal of Gastrointestinal Oncology.

Thank you for your valuable suggestions.

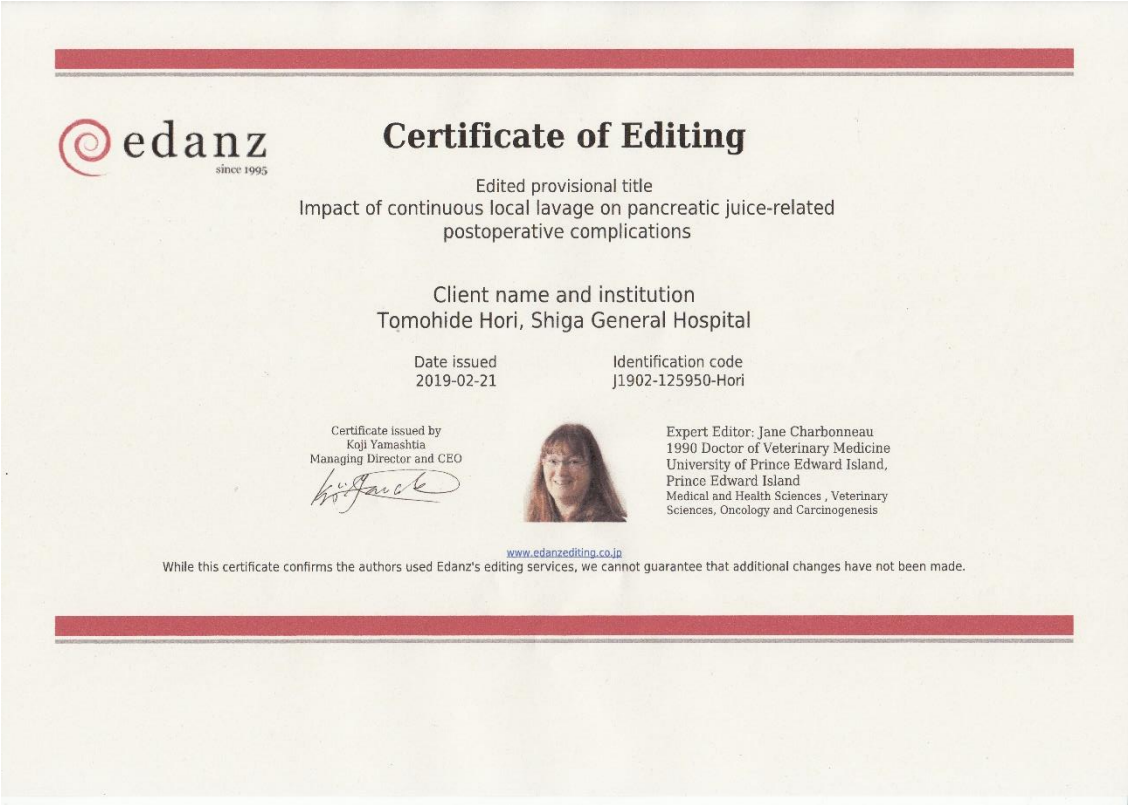
According to reviewer's comments, we revised our initial manuscript.

Please review our revised manuscript.

We prepared **Marked revised manuscript** and **Clear version**. In the marked version, additional mentions are in Red, and deleted sentences are shown in Red with strikethrough.

Also, this summary of responses (**Point-by-point responses**) was separately made.

English language: Manuscript (Main body, table and figures) has been already checked by English consultant (edanz editing, ordering ID: J1902-125950-Hori). I attached a Certificate for English language, with this letter.



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If you have any questions, please do not hesitate to contact me by e-mail.

Sincerely yours,

Tomohide Hori, PhD., MD., FACS.

Number ID: 03475120, Editorial Board member of World Journal of Gastrointestinal Oncology

To Reviewer #1

Thank you for your valuable suggestion.

According to your suggestion, we revised our initial manuscript as described below.

1. Basically, CLL is seemed to be a general treatment for pancreatic fistula. Why did not you perform CLL for fatal 2 cases? If it were impossible to perform CLL for these cases, reasons should be shown.

Thank you for your valuable suggestion.

In the first fatal case, appropriate tube placement was difficult, and therefore, a recovery rate of injected fluid was approximately 50% (≤ 80%). Hence, the CLL could not be introduced according to our institutional protocol **(Table)**.

According to your suggestion, we added mentions in the revised manuscript, as 'In this case, appropriate tube placement was difficult, and therefore, a recovery rate of injected fluid was approximately 50% (≤ 80%). Hence, the CLL could not be introduced according to our institutional protocol **(Table)**.' (Page 19 line 26-28, in the Marked revised manuscript).

In the second fatal case, a maturity of the artificial fistula was

not enough for CLL induction, and therefore, contrast dye spread outward from the mature fistula during fistulography. Hence, the CLL could not be introduced according to our institutional protocol **(Table)**.

According to your suggestion, we added mentions in the revised manuscript, as 'In this case, a maturity of the artificial fistula was not enough for CLL induction, and therefore, contrast dye spread outward from the mature fistula during fistulography. Hence, the CLL could not be introduced according to our institutional protocol **(Table)**.' (Page 20 line 10-13, in the Marked revised manuscript).

2. Pancreatic fistula is sometimes inevitable complication after pancreatic surgery. How do you think about usage of two-way tube or irrigation drainage tube at the operation? Please discuss.

Thank you for your valuable suggestion.

Intraoperative placement of two-way tube or irrigation drainage tube is good idea, especially in cases without associated pancreatitis. We all agree your opinion.

According to your suggestion, we added mentions with a reference in the revised manuscript, as 'Pancreatic fistula is sometimes inevitable complication after pancreatic surgery. Soft pancreatic parenchyma with normal consistency produces more pancreatic juice[15], even though pancreatic diseases may cause

associated pancreatitis. In cases with a higher risk of pancreatic leakage, intraoperative placement of two-way tube or irrigation drainage tube may be a good solution' (Page 11 line 25-29, in the Marked revised manuscript).

3. Authors pointed out that maturity the artificial fistula was important. How long at least days should we wait for drain replacement based on your experiences?

Thank you for your valuable suggestion.

We have an impression that approximately 1 week after surgery is required at least for maturity of the artificial fistula.

According to your suggestion, we added mentions with a reference in the revised manuscript, as 'Waiting until the fistulas along the intraperitoneal drains mature is important for CLL induction **(Table)**. Injected contrast dye should never spread outward from the mature fistula during fistulography. We have an impression that approximately one week after surgery is required for maturity of the artificial fistula.' (Page 13 line 1-5, in the Marked revised manuscript).