

## Answering Reviewers

Thank you for your letter and the opportunity to revise our paper "**Role of total pancreatectomy in the treatment of paraduodenal pancreatitis – a case report and review of literature.**" The suggestions offered by the reviewers have been immensely helpful and we also appreciate your insightful comments on revising the discussion and other aspects of the paper.

I have included the reviewer comments immediately after this letter and responded to them individually. The revisions have been approved by all authors. The changes are marked in red in the paper as you requested, and the revised manuscript is attached to this email message.

### COMMENTS FROM REFEREE #1:

"The decision to make a total pancreatectomy is related to the pancreatic atrophy you found at the second operation. Owing to the nature of paraduodenal pancreatitis, the possible complications of a PD in terms of pancreatic fistula, and an easy control of diabetes I think it would be better to consider a total pancreatectomy as a primary choice. May be this argoument could be more highlighted."

**Response:** We appreciate your comments, and as you recommended, we highlighted the total pancreatectomy as a procedure with no risk of pancreatic fistula forming. Also, we mentioned the improvements in diabetes regulation and treatment which allows a more radical approach to pancreatitis treatment.

### COMMENTS FROM REFEREE #2:

"Dood report. In Figure 1, a suspected tumor mass is need to indicate by an arrow."

**Response:** Thank you for your comment. We modified the figures by adding pointers to the main pathological findings.

### COMMENTS FROM REFEREE #3:

"1.The author should use arrows to indicate important structures in every figure. 2.In my opinion, total pancreatectomy should be considerate, This paper does not present enough evidence to prove that total pancreatectomy can also be a good choice if the body and tail of the pancreas are consumed with pseudocysts or chronic pancreatitis."

**Response:** We appreciate your comment very much. In response, we added pointers to the radiology scans, however, histology figures are not suitable for adding any kind of marks, as they are well described in the text. The additional information about histology was incorporated in the main text. The benefits of total pancreatectomy are elaborated with more detail in discussion.

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