

April , 2021

Editors

World Journal of Clinical Cases

Dear Editor:

Manuscript NO: 66786

Enclosed please find the case report entitled " **Successful outcome of retrograde pancreatojejunostomy for chronic pancreatitis and infected pancreatic cysts: a case report** " by Koichi Kimura et al., which we wish to submit for possible publication in **World Journal of Clinical Cases**.

According to the valuable comments from the reviewers, the manuscript was revised. Any additional linguistic adjustment you care to make has our permission. Thank you for your kind considerations in advance.

Best regards

Koichi Kimura, MD, PhD, Department of Surgery

Kyushu Central Hospital of the Mutual Aid Association of Public School

Teachers

3-23-1, Shiobaru, Minamiku, 815-8588, Fukuoka city, Japan.

kkimura@surg2.med.kyushu-u. ac.jp

Telephone: +81-92-541-4936

Fax: +81-92-541-4540

Revised points:

Reviewer: 1

Thank you for your precious comments, and we are sure that they have definitely strengthened this manuscript.

1) It is general knowledge that in chronic pancreatitis patients the symptom of pain mostly caused by high pressure of the pancreatic duct. And longitudinal pancreaticojejunostomy was more popular that not only relieve pain but also remove stone. Authors should describe or discuss the reason why pancreaticojejunostomy is not selected in present case.

Thank you for your precious comments, and we absolutely agree with you. As you have mentioned, traditional surgical procedure for chronic pancreatitis could be the best treatment for this case. However, there are few cases which need surgical procedures for chronic pancreatitis in our institution. Inexperienced surgical procedures would cause many complications after surgery. Moreover, the patient strongly requested treatments in our institution. Then, we pondered how we can perform treatment by our usual surgical procedures and performed distal pancreatectomy. Moreover, there were severe adhesions in the hilus of spleen by the infected cysts at pancreatic tail, furthermore, this case has a huge stone in the pancreas head. Then, we should preserve pancreatic parenchyma as much as possible.

The following sentences were added in the *DISCUSSION* section (page 10, line 1-10).

Longitudinal pancreaticojejunostomy could be the best treatment for this case. However, there are few cases which need surgical procedures for chronic pancreatitis in our institution. Inexperienced surgical procedures would cause many complications after surgery. Moreover, the patient strongly requested treatments in our institution. Then, we pondered how we can perform treatment by our usual surgical procedures and performed distal pancreatectomy. Moreover, there were severe adhesions in the hilus of spleen by the infected cysts at pancreatic tail. Then, we could not preserve the splenic artery and performed splenectomy. Furthermore, this case has a huge stone in the pancreas head. Then, we should preserve pancreatic parenchyma as much as possible.

Reviewer: 2

Thank you for your precious comments, and we are sure that they have definitely strengthened this manuscript.

1) In page 10, Line 8 and 12, is pancreaticojejunostomy correct? Is it consistent with pancreatojejunostomy?

Thank you for your precious comment. we corrected the “pancreaticojejunostomy” to “pancreatojejunostomy” sentences (page 9, line 25 and 29).

2) In page 7, section of Laboratory examinations, it's better to express laboratory findings in the form of a table.

Thank you for your precious comment. We have inserted Table 1 as laboratory examinations findings (page7, line 10, page 13, line 2 and Table 1).

3) In page 10, Line 16, please explain why the splenectomy was done.

Thank you for your precious comments, and we absolutely agree with you. During surgery, there were severe adhesions in the hilus of spleen by the infected cysts at pancreatic tail. Then, we could not preserve the splenic artery and performed splenectomy.

Thus, the following sentences were added in the *DISCUSSION* section (page 10, line 7-9).

Moreover, there were severe adhesions in the hilus of spleen by the infected cysts at pancreatic tail. Then, we could not preserve the splenic artery and performed splenectomy.

Reviewer: 3

Thank you for your precious comments.

1) Traditional Beger's surgical procedure was to remove the inflammatory mass in the pancreatic head, thereby achieving sufficient bile and pancreatic drainage and decompression of the duodenum and the neighboring vasculature, as well as removal of the inflammatory substrate causing pain. At the same time the duodenum was preserved to allow physiologic food passage and hormonal secretion. Could this palliative surgery without treating the pancreatic head really be symptomatic relief? Long-term follow-up should be provided such as 1month, 3M and 6M. How could the authors confirm the diagnosis of infected cysts? What kind of bacteria was it infected with? There are some misspellings and phrases that need to be corrected.

Thank you for your precious comments, and we absolutely agree with you. As you have mentioned, traditional Beger's surgical procedure could be the best treatment for this case. However, there are few cases which need surgical procedures for chronic pancreatitis in our institution. Inexperienced surgical procedures would cause many complications after surgery. Moreover, the patient strongly requested treatments in our institution. Then, we pondered how we can perform treatment by our usual surgical procedures. Moreover, there were severe adhesions in the hilus of spleen by the infected cysts at pancreatic tail, furthermore, this case has a huge stone in the pancreas head. Then, we should preserve pancreatic parenchyma as much as possible.

At this moment, six months have already passed since this case was performed surgery, nevertheless, there are no complications after surgery and no symptoms before surgery.

In laboratory examinations, WBC count, neutrophils and C-reactive protein were raised. Furthermore, CT images showed lymphadenopathy around the pancreas, enlargement of pancreatic cysts, and high density of left lobe of the liver neighboring pancreatic cysts. These findings doubted infected cysts positively. Actually, discharge was found from pancreatic cysts during surgery.

Klebsiella pneumoniae and Streptococcus faecalis were detected from the discharge.

The following sentences were added in the DISCUSSION section (page 10, line 1-10).

Longitudinal pancreatojejunostomy could be the best treatment for this case. However, there are few cases which need surgical procedures for chronic pancreatitis in our institution. Inexperienced surgical procedures would cause many complications after surgery. Moreover, the patient strongly requested treatments in our institution. Then, we pondered how we can perform treatment by our usual surgical procedures and performed distal pancreateomy. Moreover, there were severe adhesions in the hilus of spleen by the infected cysts at pancreatic tail. Then, we could not preserve the splenic artery and performed splenectomy. Furthermore, this case has a huge stone in the pancreas head. Then, we should preserve pancreatic parenchyma as much as possible.