

Dear Reviewers and Editors,

First of all, we sincerely thank you for giving us an opportunity to revise our manuscript. We appreciate the valuable comments and suggestions. We made point-by-point responses to all comments and concerns raised by the reviewers and editors and revised the manuscript accordingly. The revised sentences in the manuscript are highlighted in yellow color. We hope our response and the revised manuscript are now suitable for publication in the *World Journal of Clinical Cases*.

Revision for General Comments

1. Language Quality

We have carefully revised our manuscript and have English checked by others.

2. Abbreviations

We have added a footnote explaining all abbreviations in Table 1. Units for some measurements were also changed according to recommendations.

Point-by-Point Response to the Editorial Office's Comments

1. Scientific quality

This manuscript is a Case Report, of a case of Brunner's gland hyperplasia associated with lipomatous pseudohypertrophy of the pancreas presenting with Gastrointestinal Bleeding. The topic is within the scope of the WJG.

(1) Classification: Grade C (Good)

(2) Summary of the Peer-Review Report: Reviewer 03002584 suppose that this is a good paper but needs a minor revision.

(2-1) Reviewer suggested to add the educational section for better patient management;

[Author response]

Thank you for this comment.

According to your comment, we added the educational section at the revised Discussion section, page 6, as follows.

"The most important educational point of this case may be the usefulness of combined examination of esophagogastroduodenoscopy and radiological studies such as CT and MRI in patient

ts with melena. Esophagogastroduodenoscopy can evaluate the lesions at the esophagus, stomach, and duodenum. CT and MRI can detect abnormalities at the small intestine. In addition, if a patient shows a submucosal mass at the esophagogastroduodenoscopy, CT and MRI can provide further information about the features of the submucosal mass thereby narrowing the list of possible diagnoses of the lesion. In our case, CT and MRI showed marked duodenal wall thickening suggestive of a possible source of bleeding although they could not specifically diagnose the lesion. Furthermore, CT and MRI could detect LiPH of the pancreas that was associated with BGH in our case."

(2-2) Reviewer suggested to add the limitation section for manuscript.

[Author response]

Thank you for your thoughtful comments.

According to your suggestions, we added the limitation section at the revised Discussion section, page 7, as follows.

"There are some limitations in our case report. First, the patient did not undergo surgical treatment for a large BGH that showed bleeding. Because the patient showed recurrent bleeding, we should have persuaded the patient to undergo surgery for prevention of recurrent, massive bleeding in the future. In addition, surgery could have shown the etiopathogenic association of BGH and LiPH of the pancreas by detailed histological examination of the surgically resected specimen. Second, we cannot conclude the BGH as the only bleeding source with high confidence because the recent bleeding stigma was not evident at the BGH of our patient. Evaluation of the small intestine should have been performed to see if there were other possible bleeding sources at the small intestine. Finally, we did not show the follow-up clinical course of this patient. Thus, we could not show the long-term clinical course of the patient with two rare conditions."

(2-3) Reviewer suggested to improve the discussion by mentioning additional papers describing similar cases.

[Author response]

Thank you for this comment.

According to your comment, we added several additional papers describing similar cases as follows.

Less than 100 cases of LiPH of the pancreas have been reported worldwide[11,23-29]. In a previous case series and literature review, the mean patient age was 41 years (range, 6 days to 80 years), with no difference in gender distribution[23].

(2-4) **Reviewer:** I checked the authorship of the manuscripts mentioned by the reviewer and confirmed that he is an author of neither of them.

[Author response]

Thank you for this careful comment.

(3) **Reviewer:** There are 5 figures and 1 table, all of a good quality.

(3-1) Figures 3 and 4 require marking of the details described in the comments (like segmental biliary ectasia, shallow ulcers, head portion of the tumor).

[Author response]

Thank you for your suggestions

According to your comment, we added arrows markings at the relevant area of the figures. The figures were also rearranged: Figure 3 was merged into Figure 2c,d; the original Figure 2 was changed into Figure 2a,b; Figure 4 was changed into Figure 3 with four more panels added; and Figure 5 was changed into Figure 4. The citations of Figures in the main text were also corrected accordingly.

(3-2) **Reviewer:** As the endoscopic image does not provide any evidence of the haemorrhage, the causal relationship with BGH, mentioned by the authors, is not clear. This matter should be explained, as the patient had medical history that may cause anaemia, and no additional examinations to visualize potential source of bleeding, as well as the data on haematocrit, and red cell size are not provided.

[Author response]

Thank you for your suggestions

According to your comment, we have added figures showing tumor ulceration with evidence of bleeding. However, we also revised a sentence in the Discussion section to the following description.

The sentences: “In addition, our patient presented with recurrent upper GI bleeding, which is also a rare presentation of duodenal BGH.” have been changed into:

“In addition, our patient presented with recurrent upper GI bleeding, which is also a rare presentation of duodenal BGH although it was not definitely clear if the BGH was the only bleeding source because esophagogastroduodenoscopy showed no stigmata of recent bleeding such as clearly exposed vessels and active bleeding with or without blood clots. Because the esophagogastroduodenoscopy showed ulcers at the surface of the BGH, we suggested the BGH as a possible bleeding source.”

We also added a limitation as follows.

“Second, we cannot conclude the BGH as the only bleeding source with high confidence beca

use the recent bleeding stigma was not evident at the BGH of our patient. Evaluation of the small intestine should have been performed to see if there were possible bleeding sources at the small intestine.”

(3-3) **Reviewer:** Some of the commonly used abbreviations are not within required format in the tables, as well as in the body of the manuscript; the authors should put the format of abbreviations according to the international system (SI).

[Author response]

Thank you for this comment.

According to your comment, we have revised our manuscript and added explanations for abbreviations in **Table 1** and converted some measurement units according to the international system.

(4) **Reviewer:** There are 34 literature references, 5 of them are published in the last 3 years. There is no self-citing. There is no mention of DOIs and PMIDs. The format of the references is not within the required format.

[Author response]

Thank you for this comment.

According to your comment, we have updated some references and added a summary of the age and gender distributions of LiPH. We have also formatted our reference according to the journal format, adding DOIs and PMIDs.

2. Language quality:

Classification: Grade B.

Language certificate is not provided. There is a note issued by one of the authors that stated that a native English speaker checked the manuscript. Language polishing is required.

[Author response]

Thank you for this comment.

We have carefully revised our manuscript and have English checked by others.

3. Academic norms and rules:

Institutional Review Board Approval Form is not provided. The first author uploaded his opinion that no informed consent form is needed. Still, there is a mention in the body of the manuscript that written informed consent was obtained from the patient for the publication of the case report and any accompanying images. The paper contains no personal data of the patient.

Google search shows no similar titles by these authors, however some similar papers were published recently.

[Author response]

Thank you for your detailed evaluations. Because this is a case report, we have not got Institutional Review Board Approval from our hospital. However, All the procedures have been performed in accordance with the Helsinki Declaration of 1964 and later versions. We have added informed consent from the patients and all information is totally anonymous.

We have also searched for updating our references and improved our discussion according to the reviewer's comments as above.

4. Supplementary comments:

This is an unsolicited manuscript, it has no financial support.

[Author response]

Thank you for your careful consideration, there was no financial support to this study.

5. Issues raised:

Uploaded CARE Checklist – 2016 is empty. The issues raised by the peer-reviewer should be addressed. Causal relationship of anaemia, gastrointestinal bleeding with BGH should be verified. The manuscript requires format revision according to the Guidelines for Manuscript Preparation for WJG.

[Author response]

Thank you for this comment. We have added CARE checklist 2016.

We addressed all the issues raised and revised our manuscript accordingly. Causal relationship of anemia, gastrointestinal bleeding with BGH was also addressed and revision was made appropriately as mentioned previously.