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Thessaloniki 16 March 2022

Dr. Lian-Sheng Ma, Founder and Chief Executive Officer
Baishideng Publishing Group, Inc.

Dear Editor:

Thank you for your preliminary decision regarding our invited paper entitled "Indications for the surgical management of pancreatic trauma: an update" (Manuscript NO: 74170), which was sent to the *World Journal of Gastrointestinal Surgery* for consideration for publication as a *Minireview*.

Additionally, I thank the reviewers for their earnest efforts in reviewing the manuscript. All the suggestions (three) from one reviewer to clarify some important points were addressed in the document by adding some text to page 7, lines 11-29, with three more suggested references (32,34,35) and three other references (33,36,37). Also, another new recent reference (27) has been added in the text. The changes are highlighted by yellow.

''1. According to the aforementioned, the anatomic location of the pancreas and its close relationship with major vascular structures such as mesenteric vessels, portal vein, and aorta, as well as the duodenum, predisposes for co-existing injuries. Therefore, the severe pancreatic trauma would be combined with major vascular injuries at 28 % of the incidence [32]. Penetrating traumas more likely need emergency surgery compared with blunt traumas [33]. It should be emphasized that when pancreatic trauma is accompanied by hemorrhage due to major vascular injury or peritonitis caused by gastrointestinal tract perforation, urgent laparotomy is mandatory, regardless of the grade of pancreatic injury. For the latter, damage control surgery may be sufficient and related with improved outcomes [33], given the recent advancements in imaging modalities that make nonoperative management of pancreatic trauma possible at a later stage [4,5];

2. otherwise, a more detailed imaging modality is required after the acute phase to identify overlooked pancreatic injury. Thus, modern multidisciplinary management approaches have decreased mortality [34], and the majority of cases can be managed conservatively. Endoscopic retrograde cholangiopancreatography (ERCP), which determines the anatomical integrity of the main pancreatic duct and the possibility for stent placement, may be used to avoid surgical intervention in most cases [35-37].

3. Patients with severe traumatic pancreatitis in the subacute phase should be mainly managed nonoperatively [1].''

Linguistic revisions have again been made by a professional English language Editing Company (AJE, American Journal Experts).

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I am sending the revised manuscript and the most recent editing certificate and hope to receive a favorable final decision.

We look forward to hearing from you at your earliest convenience.

Sincerely,

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