

To,

The Editor

World Journal of Clinical Cases

Re: **Title:** Vascular Complications of Pancreatitis

Authors: M Ammar Kalas MD, Monica Leon MD, Luis Omar Chavez MD, Eduardo Canalizo MD, Salim Surani MD, MPH, MSHM, FACP, FCCP, FAASM

Dear Sir/Madam

Attached, please find the revised manuscript based on the reviewer's comment. We hope that your readership will benefit and enjoy reading it. We like to take this opportunity to thank the reviewers' and the editorial staff and editor for their time, patience, and trust in us. Please let us know with any questions.

Regards

Salim Surani, MD

Dear Reviewers,

We appreciate your helpful comments and kind words. We feel that the manuscript is now greatly improved. Revisions based on the comments/suggestions of reviewer #1 were made. The comments of the reviewer are mentioned below, followed by a response indicating the modifications made.

Reviewer #1: Comments: I thank the editor for the opportunity to revise this interesting paper. Acute pancreatitis is a leading gastric emergency and research on this field is welcome. The current manuscript regards the acute vascular complications arising in patients with pancreatitis. The paper is overall well written and organized. I suggest addressing some issues: 1) I suggest revising the nomenclature throughout the paper according to the revised Atlanta criteria. According to this, the pancreatic fluid collections should be named ANC (acute necrotic collections), APFC (acute peripancreatic fluid collection), and WON (walled-off necrosis). Similarly, please refer to IEP (interstitial edematous pancreatitis), and

Necrotizing pancreatitis. 2) The figure in the introduction “it is estimated that one-quarter of patients may develop vascular complications...” seems overestimate. The reference cited is referred to a cohort of 210 patients from 2012 to 2014 in an eastern country. More reference should be given for such a statement. 3) Similarly, the first two references cited for Pseudoaneurysm are a case report and a paper written in 1993. This could be not appropriate for a review. 4) I suggest giving a more accurate description of the treatment options and most appropriate treatments of pseudoaneurysm. The current paragraph is vague and of little use for the clinicians. 5) In conclusion, the authors state that vascular complications from pancreatitis are rare. This is in contrast to what was stated in the introduction (see point 2). 6) Given the increasing aging of the population, the specific issues arising in the treatment of older people would be a nice addition to this review. See for instance the work of Quero et al. (Pubmed ID: 30905212).

- Thank you for your revision and suggestions, we think they improved our review substantially. 1) We have updated the nomenclature where necessary to be consistent with the revised Atlanta classification. 2) Regarding the figure “one-quarter of patients.” we have reviewed the literature and this number was found to be accurate and 2 further references were added to support that statement. 3) The references have been updated. 4) The section of PSA treatment was extended to include more treatment options. However, as mentioned in that section, treatment is patient specific and details about endovascular or surgical treatment for each kind on PSA are beyond the scope of the present review. 5) The conclusion was edited for consistency with the introduction. 6) This would be an interesting addition to the paper. However, this paper is geared towards the vascular complications of pancreatitis more than the general approach and management to pancreatitis. Moreover, we reviewed the reference mentioned by the review and found that it is more related to general pancreatitis clinical outcomes. Therefore, we thought it is more appropriate to not include this in our paper.

Reviewer #2: A good job.

Response: Thanks