To the editors of World Journal of Clinical Cases

Dear editors:

Thanks for the pertinent comments of the reviewers. After carefully studying the suggestions from the reviewers and the editors, we have revised the relevant content of the article following your suggestions. The main revisions are as follows:

1. About the lesions of the lymph nodes and the splenic veins and the OOL

After carefully reading the literature again, we believe that what the reviewers said is reasonable, and the lymph node involvement of AIP in our paper is difficult to be confirmed by pathology. Therefore, we have revised relevant content of the article according to the opinions of the reviewers, at present we agree with the reviewers and think that the lesions in the splenic vein and the lymph nodes in the paper are not the other organs involvement (OOI) of AIP.

2. About the expressions of AIP remission in case 3 and case 4.

We believe that the reviewer's opinion is reasonable, the two patients have progressed into the stage of chronic pancreatic inflammation. In fact, in terms of AIP, this is a kind of chronic inflammation of the pancreas. The good news for these two patients is that the inflammation of the pancreas in their own bodies has subsided at this time, and the pancreatic fibrosis and

calcification should be regarded as the results of the inflammation disappearing in this stage. At least these two patients have been told that they have achieved phased remission, but the follow up is still suggested in a long time.

3. About the higher serum IgG4 level in case 4 following imaging remission of the pancreatic lesions.

After the imaging remission of the pancreatic lesions of AIP, the increased serum IgG4 usually may last for a longer time, this situation could be seen in the reference 10, 12 and 13 as well. The significance of this manifestation is still unclear, but it's relation with AIP recurrence has been observed by many authors.

4. About steroid therapy for these four patients.

After carefully reading the reviewer's opinion and fully consideration, we agree that a steroid therapy may be the preferred treatment for these four patients in the article, and we have modified the description in the relevant part of the article.

5. About the spelling of CA19.9.

I have searched the literatures in PubMed. There are more literatures using CA19-9, and a small number of literatures use CA19.9. Therefore, the previous CA199 in this article have been modified.

6. About the picture description

According to the editing requirements, we have unified the presentation

of the same contents.

Thank you for your reading the letter. Don't hesitate to contact me if you have any other questions or suggestions.

Sincerely Yours

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