Format for ANSWERING REVIEWERS

June 24th, 2014

Dear Editor,

Please find enclosed the revised manuscript in Word format (file name: ESPS-11164-REV.doc).

Title: CONTRAST-ENHANCED MDCT AND MR FINDINGS OF A WELL-DIFFERENTIATED PANCREATIC VIPOMA

Running title: ***CROSS-SECTIONAL IMAGING FINDINGS OF A PANCREATIC VIPOMA***

Authors: Luigi Camera, Rosa Severino, Antongiulio Faggiano, Stefania Masone, Gelsomina Mansueto, Simone Maurea, Rosa Fonti, Marco Salvatore

Name of Journal: *World Journal of Radiology*

ESPS Manuscript NO: 11164

The manuscript has been revised according to the reviewers' suggestions and edited according to the requirements for case reports. All modifications in the text are highlighted in bold. Three references have been added.

In detail, we dealt with the reviewers' comments as follows:

Reviewer # 00289422

1. The term ipokaliema has been corrected.
2. Contrast-enhanced CT was performed despite high creatinine levels because in the current era of Nephrogenic Systemic Fibrosis iodinated contrast media are considered safer than Gadolinium-based contrast agents. An abdominal US was performed as first examination but it did not show any abnormality.
3. Differential diagnoses at MR have been briefly discussed and two references (# 15 and #16) have been added. However, as the patient had typical symptoms of the Verner-Morison syndrome there was little space for a differential diagnosis. This has been clearly stated.

4. At contrast-enhanced CT the lesion was prospectively overlooked and misinterpreted as a jejunal loop. This was clearly a perceptive error and we tried to explain why it happened. We don't think it is fair to say that a rim of contrast-enhanced could be appreciated based on MR imaging findings. In our Institution we routinely perform multi-detector contrast-enhanced CT to screen for PNETs in patients with MEN-1 and we have published our experience in comparison with Endoscopic Ultrasound [11], so we are well aware of the diagnostic capabilities of MDCT. This case simply illustrate the superior contrast resolution of MR which can be helpful whenever iodinated contrast media administration is hampered or sub-optimal. This was already stated in the discussion.
5. Surgery was not performed immediately because of the poor clinical conditions of the patient who benefit from the symptomatic therapy with somatostatin analogs.
6. Last sentence was re-phrased as requested.

*Reviewer # **00225305:***

1. A reference (#12) on a similar case of PNET overlooked at contrast-enhanced CT has been added as requested.
2. The patient did not receive dialysis. CT was ordered because, as we stated previously, in the current era of NSF iodinated contrast media are considered safer than Gadolinium-based contrast agents. MRI had to be done because CT findings were not diagnostic.
3. Tumor size has been specified in the legend of Fig. 3.
4. We tried to correlate imaging with histological findings in the last but one paragraph of the discussion.
5. Unenhanced CT image was not shown. HU of the lesion in the arterial and pancreatic phase have been reported in the legend of Fig. 1.
6. An arrow has been added to Fig. 2A.

Hoping to have fullfilled the reviewers' suggestions, I look forward to hear from You soon.

Kind regards,

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