

Author Response Letter to Reviewers' Comments

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pancreaticoduodenectomy: A retrospective study in a Thai tertiary center

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Dear Editor,

Thank you very much for your and the reviewers' thoughtful evaluations and positive review about our manuscript entitled "Risk factors for pancreatic fistula following pancreaticoduodenectomy: A retrospective study in a Thai tertiary center"

In the revision of our manuscript, comments and issues raised by the reviewers have been carefully considered and appropriate changes (highlighted in yellow) have been made. Please find a point-by point response to the reviewers' comments (below).

We appreciated the time and efforts by the editor and reviewers in reviewing this manuscript. We hope that the revised manuscript will now be suitable for publication in your journal

Sincerely yours,

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Response to comments from reviewer,

Reviewer code 00503834

1. Although it is not the first report of the world, it is the Pioneer report from Thailand.

Response:

Thank you for your valuable time in reviewing our manuscript. We appreciate your positive comment.

2. Although the concept was not new, but the discussion was simple, clear, reasonable and good.

Response:

Thank you for your valuable time in reviewing our manuscript. We appreciate your positive comment.

3. It is suitable to our journal and ought to be accept

Response:

Thank you for your valuable time in reviewing our manuscript. We appreciate your positive comment

Reviewer code 00068702

1. The authors should motion other imaging methods which may assess pancreatic text more objectively, such as MRI or US elastography.

Response:

Thank you for the suggestion. We have added the discussion about this issue in the discussion part. "There is a newly developed tissue strain imaging technology reflecting tissue fibrosis or stiffness and is integrated into a conventional ultrasound system called acoustic radiation force impulse (ARFI). Lee et al. and Harada et al. reported the high accuracy of ARFI for prediction of the stiffness of pancreas preoperatively."

Reviewer code 00003940

1. The thirty two patients with Grade B and C fistulae are the important patients which needs further discuss and therefore publication. This may be considered by some to be high and may be because of the pathology of the cases with a small % of cases with pancreatic cancer.

Response:

Thank you for the suggestion. We have added the discussion about this high incidence of Grade B and C fistula in the discussion part "In our study, the incidence of CR-POPF is high when compared to previous studies [5-6, 11-12]. This could be explained by the lower population of pancreatic cancer in this

study that the pancreatic cancer is more likely to obstruct the pancreatic duct and therefore increase fibrosis of the pancreas ^[11]". We appreciate your positive thoughts and recommendation.

2. Their discussion about PTBD is of relevance, and follows the implications from a small randomised study from a few decades ago, <https://www.ncbi.nlm.nih.gov/pubmed/3890241>. In that time patients tended to present later when the severity of side-effects from bile duct obstruction were more prevalent. However bile duct obstruction is more commonly treated with endoscopic drainage now. Endoscopic drainage provides internal drainage which is important for the recirculation of bile salts, immune proteins and electrolytes etc. I think discussion should involve these points.

Response:

Thank you for the suggestion. We have added the discussion about the preoperative biliary drainage by the endoscopic technique in the discussion part "Regarding perampullary obstruction, endoscopic drainage approach today represents the procedure of choice with high success rate ^[35-36]". We appreciate your positive thoughts and recommendation.