

Reply to Editor and Reviewers



July 2, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 3835-review.doc).

Title: Bile Duct Cyst in Adults: Interventional Treatment, Resection, or Transplantation

Author: Cerwenka H

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3835

The manuscript has been revised according to all the suggestions of the reviewers:

1. Reply to Reviewer 01560089:

Many thanks for your very positive feedback.

In accordance with your comment, an additional sentence emphasizing laparoscopic procedures has been added.

2. Reply to Reviewer 00054683:

Many thanks for your valuable comments; all of them were very helpful for improving this manuscript.

Point-by-point reply:

“Page 4: Please explain why Ziegler propose that classifications of choledochal cysts should not include choledochoceles”

Reply: Ziegler et al. suggested that the classification of bile duct cysts should not include choledochoceles, because they differ from choledochal cysts with respect to age, gender, presentation, pancreatic duct anatomy, and their management.

Action: The requested clarification has been added in the manuscript.

“Page 4: Please correct ‘Pancreaticobiliary maljunction’”

Reply: Both terms (“pancreaticobiliary malunion” and “pancreaticobiliary maljunction”) are used in the references cited here (e.g. reference 18: “pancreaticobiliary maljunction”, reference 20: pancreaticobiliary malunion (PBMU)).

Action: Following your recommendation “pancreaticobiliary malunion” was changed to “pancreaticobiliary maljunction”.

“Page 5: Please correct the first sentence of the paragraph interventional treatment since the paragraph starts with diagnosis discussion...”

Reply: I agree that for type III bile duct cysts, ERCP is an important diagnostic tool and interventional therapy via ERCP is the mainstay of treatment.

Action: The first sentence of this paragraph was changed accordingly.

“Page 6: The paragraph about risk of malignancy of bile duct cysts remains unfinished; please add in this section the need for surveillance as well as that for surgery.”

Reply: I agree that the need for surveillance and surgery is an important point here.

Action: The suggested statement was added.

“Page 6: Please modify the sentence: ...”pancreatits, biliary calculi” are relatively frequent whereas “malignancy” (properly due to RYHJ) is rare...”

Reply: I agree that malignancy is rare.

Action: The sentence was modified accordingly.

“Page 8-9: Can you better explain your sentence “immunosuppression after kidney transplantation...” since in the sentence immediately before you suggest combined liver-kidney transplantation?”

Reply: If patients with diffuse forms of type V bile duct cysts associated with polycystic kidneys and renal failure undergo kidney transplantation, immunosuppression after this transplantation may predispose them to severe cholangitis, and for this reason combined liver/kidney transplantation should be considered.

Action: The requested clarification was added.

“Page 9, you can add to the results of transplantation for CD that these figures represent optimal results when compared to other indications for transplant...”

Reply: Many thanks for this suggestion; I agree that this is an important point.

Action: The suggested statement was added.

“Figure: Please add a figure resuming Todani classification, this can be helpful...”

Reply: I agree that a figure of the Todani classification would be helpful in addition to the explanations and considerations in the text, and initially I also thought of providing such a figure. The problem is that the Todani classification has been modified and further modifications of the “modified Todani classification” are currently “under construction”. To find a consistent solution, however, is a task for an expert consensus and would surpass the scope of this editorial. Therefore, I have to leave it at that for the time being.

Action: An explanatory statement was added in the introduction.

“Figure 1: Nice photo”

Reply: Many thanks; fortunately, this patient is doing well after resection of the involved parts of the liver.

“References: adequate”

Reply: Many thanks for this positive feedback.

3. As requested, a short running title was added.

4. DOIs were added in the reference list (as supplied by crossref.org)

5. English language editing:

For this purpose I have used the English language editing company “Write Science Right”. This company was recommended to me by Baishideng when I wrote my last editorial for the *World Journal of Gastroenterology* (published in 2012).

When I used this company for my last editorial (following the recommendation of Baishideng), both Baishideng and I were completely satisfied with their work. Therefore, I have now used them again for my manuscript, and I am sorry that I did not know that your preferences have changed in the meantime.

I am convinced that “Write Science Right” has provided excellent work (their certificate is attached once again). Please inform me, if you really insist on an additional review by another company; however, I am sure that with the revision by “Write Science Right” the manuscript has reached level A and involving one more editing company would lead to a duplication of costs without a real benefit. As I now know about your preferences, I will of course use one of your preferred companies next time.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

If I have overlooked something or if any further changes are required please just contact me.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'H. Cerwenka', with a stylized, cursive script.

H. Cerwenka

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