

Reply to the reviewers' comments

We wish to express our appreciation for your insightful comments, which have helped us improve the paper.

Reviewer Comments (Reviewer's code: 03475636):

On this topic, Fischer et al have conducted a research and already summarized management strategies on Disconnected pancreatic duct syndrome. (J Am Coll Surg. 2014 Oct;219(4):704-12.) I would suggest the authors to review and add what their case report add to the literature.

Reply: We appreciate your meaningful comment. We have added the following paragraph to the initial portion of the discussion section. (page 9, Line 4-11).

Revised version: “Previously, surgery was the first therapeutic choice for DPDS. Fischer et al. retrospectively reviewed operated cases of DPDS; distal pancreatectomy had been performed in whole delayed DPDS cases ^[4]. They concluded that fluid collection often is not accessible endoscopically and that no long-term data support the patency of the endoscopic approach. However, endoscopic intervention is increasingly considered as a less invasive alternative to surgery in the management of DPDS ^[3]. Furthermore, guidelines were developed for endoscopic management of acute necrotizing pancreatitis, including the management of DPDS ^[5].”

Reviewer Comments (Reviewer's code: 02468626):

The authors described an interesting case of WON recurrence due to disconnected pancreatic duct syndrome 7 years after the first bout of pancreatitis. I have a few minor remarks

- 1) Please clarify how was the initial attack of pancreatitis treated. It is mentioned that it was gallstone pancreatitis: was there evidence of stones either in the CBD or in the gallbladder? Was stone extraction performed during ERCP? Was cholecystectomy performed?**

Reply: We appreciate your meaningful comment. We have revised the manuscript as follows to clarify the management of the initial attack of pancreatitis (page 7, Line 1-9).

Revised version:

“History of past and present illnesses

The patient reported having severe acute necrotizing pancreatitis due to a gallstone 7 years prior. He did not drink alcohol. He was referred to our hospital 42 days after onset because of the development of WON in the pancreatic neck region (Figure 1). The patient underwent endoscopic ultrasound (EUS)-guided drainage and necrosectomy eight times. Subsequently, he recovered from WON, his nutritional status improved, and he was discharged from our hospital after 79 days. After discharge, we performed endoscopic choledocholithotomy. Cholecystectomy was not performed because the gallbladder had already shrunk.”

- 2) Rather than being a late sequel of the first bout of pancreatitis, it is possible that a second attack of acute pancreatitis occurred 7 years later. Was the presence of stones investigated again? Please refer to CBD and gallbladder, if present.

Reply: We appreciate your comment. The symptoms that appeared 7 years later were attributed to infected PFC in the pancreatic tail. Thus, we have added the following sentences to describe CT scan (page 7, Line 16-20).

Revised version:

“Imaging examinations

Computed tomography (CT) scan was suggestive of pancreatic PFC in the pancreatic tail due to pancreatic transection that had spread to the aorta with surrounding inflammation. Inflammation was also found around the aorta and ulcer-like blood flow appeared in the aortic aneurysmal thrombus (Figure 2a).”

- 3) The patient alcoholic intake during the 7 years prior to this episode should be clarified.

Reply: We appreciate your comment. The patient did not drink alcohol; hence, we have added the following sentence in the revised manuscript. (page 7, Line 2-3).

Revised version: “The patient reported having severe acute necrotizing pancreatitis due to a gallstone 7 years prior. He did not drink alcohol.”

4) The legend of figure 1 should clarify that the CT scan refers to the first episode of acute pancreatitis, 7 years prior to the current episode.

Reply: We appreciate your comment. We have added the following sentence to clarify. (page 13, Line 3-5).

Revised version: “Figure 1 Computed tomography image showing the development of WON in the pancreatic neck region **when severe acute necrotizing pancreatitis occurred 7 years prior.**”

5) Some language polishing here and there is needed

Reply: We appreciate your comment. This manuscript has been reedited by an experienced proofreader who is a native speaker of English.

Thank you again for your comments on our paper.

We trust that the revised manuscript is now suitable for publication.
