

Answers to Reviewers' and Editors' Comments

Name of Journal: *World Journal of Clinical Cases*

Manuscript NO: 50873

Manuscript Type: ORIGINAL ARTICLE

Retrospective Study

Celiomesenteric trunk: new classification based on MDCT angiographic findings and probable embryological mechanisms

Tang W *et al.* Celiomesenteric trunk

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Answers to the comments of reviewer 1 (Reviewer's code: 00003940)

SPECIFIC COMMENTS TO AUTHORS

This is nicely illustrated and clearly classifies an important anatomical variant which has special importance for Upper GI surgery, Pancreaticobiliary disease, Radiology and Interventional radiology. The population is significant size and the paper will become an important reference.

Response: Thank you very much for your comments.

Answers to the comments of reviewer 2 (Reviewer's code: 02440884)

SPECIFIC COMMENTS TO AUTHORS

The retrospective study summarizes good angiographic data determining a new proposal classifying the celiomesenteric trunk. Embryological and developmental mechanisms are discussed as the driving processes. Comments 1. The clinical implications should be given more clearly. In Table 1 a separate lane should be included summarizes the clinical facts. 2. Is there any data that a special trunk type is preferentially affected by arteriosclerosis?

Response: Thank you very much for your comments. The study focus on the types of CMT. As the CMT is a rare type of variants, the clinical implications of CMT, such as applied in surgery, intervention, or others, need to further study. Which type of CMT preferentially affected by arteriosclerosis? This is a good idear and needs to long-time following up study.

Answers to the comments of reviewer 3 (Reviewer's code: 03307766)

SPECIFIC COMMENTS TO AUTHORS

I think that the topic of manuscript is not really suitable to this journal (WJG). Indeed, if there are clinical implications, this are only related to surgical issues. Therefore, a surgical or a radiology journal would be a much better choice. Indeed, as stated by the authors themselves, the "Knowledge about the spectrum of CMT variations is important for planning surgical or interventional procedures in the upper abdomen", which confirms the absent clinical implication for gastroenterologists. The English language should be improved.

Response: Thank you very much for your comments. The CMT and its branches is one of variants for superior mesenteric artery and celiac trunk, knowing about the spectrum of CMT variations before abdominal surgery is important for surgeon, and avoiding iatrogenic injury. Especially for hepatobiliary surgery, pancreatic surgery, gastrectomy, and others like transcatheter arterial chemoembolization. So, we think the topic of manuscript is suitable to the transferred journal --- World Journal of Clinical Cases.

Answers to the comments of reviewer 4 (Reviewer's code: 03647716)

SPECIFIC COMMENTS TO AUTHORS

This is a well designed and well written study.

Response: Thank you very much for your comments.

Answers to the comments of reviewer 5 (Reviewer's code: 01213231)

SPECIFIC COMMENTS TO AUTHORS

Dear author I m an abdominal surgeon and I appreciate very much the content of your article, it is interesting and well written. As you wrote in the conclusions the limitation of the investigation is that you "have not assessed the effect of using the proposed classification system on interventional and surgical procedures", it could be done in the next future.

Response: Thank you very much for your comments. We will do the study in the next future assessing the effect of using the proposed classification system on interventional and surgical procedures.

Answers to Editors' Comments

Please revise the manuscript according to the review report and my comments.

And answer all of the reviewers' comments carefully (point-to-point).

Also, please check and revise the manuscript according to the CrossCheck report.

Response: Already checked and revised.

You need to provide the grant application form(s) or certificate of funding agency for every grant, or we will delete the part of "**Supported by...**".

Response: Already provided and uploaded it.

Please modify the referenced references in this format.

Response: Already modified.

Please write the article highlight section accordingly. Please don't copy from the main text.

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DOI: 10.**)

Coding system

The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces. For example, "Crohn's disease (CD) is associated with increased intestinal permeability^[1,2]." If references are cited directly in the text, they should be included with the direct citation content within the text; for example, "From references^[19,22-24], we know that...". Before submitting your manuscript, please ensure that the order of citations in the text is the same as in the references section, and also ensure the spelling accuracy of the authors' names. Do not list the same citation twice (*i.e.*, with two different numbers)

Response: Already checked, corrected all cited references number, and listed all reference authors.

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Response: Already modified.

Reminder: Abbreviations. Standard abbreviations should be defined in the abstract and in the main body of the manuscript upon first mention in the text. In general, terms should not be abbreviated unless they are used three times or more and the abbreviation is helpful to the reader. Permissible abbreviations are listed in Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors (Ed. Baron DN, 1988) published by The Royal Society of Medicine, London. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA and mAb, do not need to be defined and can be used directly.

Italics. Quantities: *t*, time or temperature; *c*, concentration; *A*, area; *l*, length; *m*, mass; *V*, volume. Genotypes: *gyrA*, *arg 1*, *c myc*, *c fos*, *etc.* Restriction enzymes: *EcoRI*,

HindI, BamHI, Kbo I, Kpn I, etc. Biological nomenclature: *H. pylori, E. coli, etc.* Latin terms: *i.e., e.g., via, etc*

Response: Already checked and done.

Please provide the decomposable figure of all the figures, whose parts are all movable and editable, organize them into a PowerPoint file, and submit as “Manuscript No. - image files.ppt” on the system. Make sure that the layers in the PPT file are fully editable. For figures, use distinct colors with comparable visibility and consider colorblind individuals by avoiding the use of red and green for contrast.

Response: Already done and uploaded.