

REVIEWER NO. 00504215

1. The authors did EGD which showed a complete obstruction of the descending duodenum. Didn't you take biopsy specimen from the stenotic part? If you did, you should describe pathological findings.

*Response: We did not take biopsy specimen from the stenotic part and we have described it in the revised manuscript.*

2. You mention, 'Further exploration found a 3-cm mass was located in the "groove part" of pancreas, specifically the mass was at the pancreatic head and oppressing the descending duodenum.' Aren't there any positive imaging findings suspicious of pancreatic mass by CT and other imaging procedures (US, EUS, MRI, etc)? Please explain.

*Response: Actually, the radiologists provided an imaging diagnosis as mass in the head of pancreas. We have addressed it in the revised manuscript. No more image examination was performed, we also explain it in our revised manuscript.*

3. Your conclusion includes, '...our case reminds surgeons that some benign pancreatic diseases, such as GP, can also present with symptoms similar to those of pancreatic cancer. This knowledge can help to avoid an unnecessary radical operation.' I believe that this must be very important message. Thus, please show your suggestion to distinguish GP from other diseases (e.g. pancreatic cancer);

*Response: We have provided our suggestion to distinguish GP from pancreatic head carcinoma in our revised manuscript.*

4. For instance, what should you have done before surgical operation in your case? CT (Figure 1A) shows an increased fat tissue concentration around the duodenum, which may be considered as suspected pancreatitis. This finding should be addressed in the body and the figure legend.

*Response: It's an important advice for this case. We have described it in the revised manuscript. We had plan to perform MRI scan before surgery and it may help us evaluate fat tissue around the duodenum and pancreas. Unfortunately, it would be one week for the MRI scan in our hospital and the patient strongly asked for an operation to determine the property of lesion, because he had suffered from this disease for a long time.*

5. There are some typographical errors in the article. Abstract (P.3, L.16): Pathologic diagnose -> Pathologic diagnosis Legend of Figure 1A: rad arrow -> red arrow Legend of Figure 2A: rad arrow -> red arrow

*Response: We have revised the typographical errors.*