#03476917

SPECIFIC COMMENTS TO AUTHORS

The report on three different cases have been summarised well. As this is a very rare neoplasm, the usual line of management that have been followed has been elucidated in the three cases. Also, No definite new line of management could be considered, which would be a limitation. Since one of the patients had a large tumor, the follow up information on any recurrence may be considered;

Three weeks after discharge, she presented again with abdominal pain due to peripancreatic fluid collection seen on imaging (Figure 4, E) with high amylase content, which was drained. Patient had no complications afterwards. She had a regular post-operative follow up as outpatient with oncology (due to the large tumor size) and surgery at 3 and 9 months. She had a full recovery 4 months after surgery without chemotherapy treatment. Besides, She had a follow up CT scan of abdomen at 3 and 6 months after surgery to check for recurrence, both CT scan did not show any abnormalities or evidence of recurrence of tumor. An MRI was also done 9m after operation and no recurrence was seen. She will have another follow up in 6 months after last visit and will continue to be seen for the next 5 years at minimum.

but it would obviously delay your time to publish. Correction as follows, in the line 195 - size) and "surgery" at 3 and 9 months after surgery. She had a full recovery 4 months after surgery without -- the word surgery appears to be repeated

Corrected in manuscript

#03477516

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. This revised manuscript was "Solid pseudopapillary neoplasm: diagnostic approach and post-surgical follow up based on three case reports and review of literature". This manuscript was case report of SPN with review of literature. But this manuscript is well described , but insufficiently described at some points, I wonder you should consider several important points of it.

1, In case presentation, how did the selection of operative methods in your institute do?

In our institution we perfomed pancreatectomy for speudopapillary tumor with standard lymph nodes dissection.

SPN was low malignant disease, but about 10% patients were occurred to metastasis. Lymph node dissection of your cases were underwent?

Regional lymph nodes dissection was performed in all three cases

2, In our country, EUS-FNA for cystic neoplasms was contraindications. Because sometimes the patients had some complications as dissemination, perforation, and so on. You should describe and discuss for these points in discussion.

There have been concerns that FNA-FNB of pancreatic cysts might cause dissemination and peritoneal seeding[1]. However, in Jae Yoon et al[2] study, 175 patients with intraductal papillary neoplasm who underwent resection with previous sampling with EUS-FNA (EUS-FNA group) were compared to 68 patients who underwent resection with no previous sampling (no sampling group), four patients (2.3%) in EUS-FNA group developed peritoneal seeding, whereas three patients (4.4%) developed peritoneal seeding in the no sampling group (P = 0.403) concluding that the difference in frequency of peritoneal seeding in EUS-FNA and no sampling group is not significant.

Minor) In case presentation, why did you divide Final diagnosis, treatment, outcome

apart from each case? Please consider these points.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 59850

Title: Solid pseudopapillary neoplasm: diagnostic approach and post-surgical follow up based on three case reports and review of literature

Reviewer's code: 05212237
Position: Peer Reviewer
Academic degree:

Professional title:

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [Y] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [Y] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

~~1. Many larger series of SPN have been reported.~~ 2. In this report, 67% of post-surgical complications is too high. Nowadays, the pancreatectomy with the preservation of organ

function has been applied in many centers for SPN, It has many advantages, and the pancreaticoduodenectomyis has a high complication rate，which is not conducive to the preservation of organ function.

There is an encouragement and trend towards enucleation surgery rather than resection. However, enucleation studies were conducted on cystic tumors of small size < 3.5 cm[3] [4] [5] [6]. Case one and three, both were of a large size seen after resection (5.3 and 8cm in maximum diameter). Case 2 patient had a small tumor size but given his atypical presentation.

References:

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