

Answering Reviewers

3th of December 2013

Dear Editor,

Please find enclosed the edited manuscript as suggested by the reviewers

Title: IMPLICATIONS OF THE PRESENCE OF AN ABERRANT RIGHT HEPATIC ARTERY IN PATIENTS UNDERGOING
PANCREATICO DUODENECTOMY

Authors: Ashwin Rammohan, P.Ravichandran, P.Anbalagan, R.Kamalakannan, P.Senthil Kumar, B. Kesavan, R.Ravi, S. Jeswanth,
G.Manoharan

Manuscript No: ESPS Manuscript NO: 6347

The manuscript has been improved according to the suggestions of reviewers:

1. Format has been updated
2. Revision has been made according to the suggestions of the reviewer
 - (1) Answers have been tabulated (vide infra)
3. References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Surgery*

Sincerely yours,



Dr.Ashwin Rammohan

Institute of Surgical Gastroenterology & Liver Transplantation,

Centre for GI Bleed, Division of HPB diseases,

Stanley Medical College Hospital,

Old Jail Road,

Chennai, India.

Reply to the reviewers' comments

Reviewer Number	Original comments of the reviewer	Reply by the author(s)
1	Comparing tumor staging, especially lymph node status is important to achieve oncological concern. (and do the statistical analysis under exclusion of ampullary adenocarcinoma) 4. Is that acceptable to perform pancreaticoduodenectomy in patients	We thank the reviewer for the incisive comments. As has been highlighted, we have reviewed the lymphnodal yield and have appended it to our study. While we do appreciate preservation of the aberrant artery maybe comparatively easier in ampullary carcinoma than in cases with a pancreatic head malignancy. Nonetheless, it should not take away the fact that identification and preservation of the aberrant artery can

	with ASA class IV?	<p>still be a daunting task in PD, which has been highlighted in our series. Most of our patients belong to the ampullary adenocarcinoma group, excluding them would not be truly representative of our spectrum of patients.</p> <p>The reviewers point is well taken regarding the ASA status. While we would all prefer to operate on patients who are ASA I,II, this may not be a true reflection of what the best treatment modality may be for that particular patient. In our large volume centre, our policy is to operate on patients based on their physiological reserve, especially since most of them have ampullary growths.</p> <p>We do think twice before operating on ASAIII and above patients, where the lesions are in the head of pancreas.</p>
2	<p>This is an original article that analyzed 225 patients that authors performed pancreaticoduodenectomy during the last 5 years. The content is interesting and it implies that aberrant right hepatic artery can be handled with no adverse consequence when treated in high volume centers. I recommend some revision for this paper to be considered for publication in World Journal of Gastrointestinal Surgery. Overall, there is very limited introduction/discussion on previous studies. This manuscript needs more introduction on previously published studies so that the readers can understand what is believed as of now, and what new findings this paper is reporting. Of note, not all readers of</p>	<p>We the thank reviewer for his/her indepth analysis and very constructive criticism of our manuscript.</p> <p>We have made all the changes mentioned by the reviewer inline with the main text and have highlighted the changes at the appropriate places.</p> <p>With regards to a more detailed literature review and how our series compares with those of others. We have made the changes inline with the main text. We have also added more information about the importance of an aberrant artery during pancreatoduodenectomy.</p>

	<p>WJGS are familiar with this topic. Along the same line, the authors stress the problem of aRHA in the first paragraph of Discussion section, however, they report that was not the case in this current study.</p> <p>The authors stress the importance of recognition of aRHA by preoperative imaging, however, there is absolutely no data to back up the argument. In order to make that statement, the authors need to at least discuss the difference between the previous studies and their own series, and/or provide data on the difference in operative time or complication between the cases that aRHA were detected preoperatively vs. intraoperatively. I recommend the authors to re-write the title to reflect its message. One example may be “Aberrant right hepatic artery in patients undergoing pancreaticoduodenectomy can increase operative complexity but does not negatively affect the safety”</p> <p>The Conclusion section need to be re-</p>	<p>Even though our study was not intended at looking at the specificity and sensitivity of imaging at picking up aberrant arteries, we did have a preoperative pick-up rate of 58%.(added to the text). While preservation of the aberrant artery is imperative, it does intuitively help the operating surgeon to be forewarned of its presence. Nonetheless, we have done a literature search and have appended this in the discussion section. As has been rightly pointed out by the reviewer, there is infact no difference in outcomes in patients who had the anomaly picked up preoperatively vs those who had an intraoperative diagnosis.</p> <p>While we appreciate the explanatory nature of the suggested title, we would want to leave some cryptic nature to the title, this would stimulate the readers’ interest in going through our article.</p>
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	<p>written. The first sentence states that “An aRHA is common phenomenon during PD”. 19% is not “common”, and this statement is duplicative to the very first sentence of the abstract and the first statement in a paper cannot be one of its conclusion. Consider re-phrasing, such as “aRHA was found in one fifth of our cases”. Further, it is recommended to review the previous reports on the frequency. Is the cases more or less than previous reports? Along the same line, comparisons with previous reports are necessary to make the arguments on the feasibility of preservations and outcomes. I recommend that the conclusion section in the end should echo the conclusion in the abstract. Many of the statements in the conclusion section are as matter of fact recommendations, which should be described prior to the conclusion. In order to add them in the conclusion, the authors need to analyze the difference in two groups with and without preoperative recognition of the vessels etc. Delete the word “cases” from 1st sentence of Result section</p>	<p>As correctly suggested by the reviewer, our previous conclusion section had a few presumptive statements, we have modified the conclusion to reflect the data presented in our paper.</p> <p>The word “cases” has been deleted.</p>
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