

## ANSWERING REVIEWERS



December 25, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7019-review.doc).

Title: MRCP Study of Pancreaticobiliary Maljunction and Pancreaticobiliary Diseases

Author: Wang Chenglin, Ding Heyu, Dai Yi, Xie Tingting, Li Yongbin, Cheng Lin, Wang Bing, Tang Runhui, Nie Weixia

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 7069

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) The method part has explained the inclusion criteria used: The check indication of all cases was suspected pancreaticobiliary diseases, and the clinical symptoms of patients were abdominal pain, jaundice, nausea and vomiting.

(2) The conclusion has underlined the limits of the study: But there are some limitations in this study. This study is analyzed on the basis of a symptomatic group, but not based on MRCP performed in healthy population followed for many years after the MRI, so the incidence of PBM and its relationship with pancreaticobiliary diseases obtained in this study represents the symptomatic group. Nonetheless, it still has much clinical significance.

(3) To diagnose PBM by MRCP, common channel at least  $> 15\text{mm}$  is necessary: PBM is a congenital anomaly defined as a junction of the pancreatic and bile ducts located outside the duodenal wall, and usually forming a markedly long common channel, and the action of the sphincter of oddi does not have a functional impact on the junction of the pancreatic and bile ducts. The normal length of common duct didn't have unified diagnosis standard, especially in Chinese population, yet most literatures reported long common channel as  $\geq 8\text{mm}$ ,  $12\text{mm}$ , or  $15\text{mm}$ . There were 326 cases in this study showed common ducts clearly, and the average length of common ducts of these 326 cases were  $7.9\text{mm}$ , so we defined long common duct as a common channels of  $\geq 8\text{mm}$ . This is based on Chinese population, perhaps it is different from Japanese standard, as you mentioned (J Gastroenterol 2012: The rates of detecting a PBM lesion by MRCP are 82 % in cases of PBM where the common channel is 15 mm or longer). We found that the incidence of pancreaticobiliary diseases in  $< 8\text{mm}$  group was higher than that in the common duct  $\geq 8\text{mm}$  group, so we think we defined long common duct as a common channels of  $\geq 8\text{mm}$  is appropriate. Our study was accepted by RSNA 2013, and I have given a speech on RSNA 2013. I really appreciate you to consider our standard again.

(4) PBM is associated in almost all cases of congenital biliary dilatation: Most PBM cases detected in childhood are associated with bile duct dilatation, but one third of PBM detected in adults do not show dilatation of the bile duct, and our study is based on Chinese adult population.

3 References and typesetting were corrected

Thank you again for your time.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Wang Chenglin', written in a cursive style.

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