

ANSWERING REVIEWERS



January 15 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7826-revised-manuscript.docx).

Title: Giant mucinous cystic adenoma with pancreatic atrophy mimicking dorsal agenesis of the pancreas.

Author: Johan Gagnière, Aurélien Dupré, David Da Ines, Lucie Tixier, Denis Pezet, Emmanuel Buc

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 7826

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, and are highlighted in red:

Reviewer 1

This is an interesting case. The following points are provided for its improvement.

1) Serum glucose level should be mentioned at the two admissions

This has been specified in the final manuscript (line 7, page 4 and line 7 page 5)

2) Before the start of opening surgery, more careful evaluation of the lesion is needed, as "the surgeon mentioned difficult procedure with accidental intraoperative rupture of the cyst". Why not to perform percutaneous aspiration of cyst fluid for laboratory study before surgery on such a large benign cyst?

We agree, but the patient was initially referred to an institution that did not perform endoscopic ultrasound guided fine needle aspiration of the cyst.

3) Other disease entities presenting as pancreatic and peripancreatic cystic lesions should be differentiated in the discussion section, such as polycystoma, retention cyst, etc.

We agree and have included mention of this in the discussion section of the final manuscript (lines 25-30, page 5).

4) How was this huge asymptomatic epigastric mass found? By routine examination? Because there was no physical examination mentioned in the case record.

This has been specified in the final manuscript (lines 3-4, page 4).

Reviewer 2

Interesting case, however there is no histological documentation of pancreatic atrophy. The ovarian stroma is not clear. Maybe another image at higher resolution would help.

Pancreatic atrophy could not be documented as initial resection was conservative with no pancreatic parenchyma in the final specimen. At second look laparoscopy, only intraoperative frozen sections of the cyst wall were performed without any further resection.

We have provided a more detailed image in the final manuscript with higher resolution and give a more detailed description of the ovarian-like stroma (figure 2, page 12).

Reviewer 3

1) Primary finding was a cyst formation, is there any report of a DAP with a cyst formation?

There are no documented reports of DAP secondary to or associated with cyst formation. This is specified at the beginning of the discussion (line 22, page 5).

2) Only if DAP always is related with DM the lack of DM rectifies the diagnosis of a secondary atrophy?

Complete DAP is associated with diabetes mellitus in 40% of cases. Hence, the absence of diabetes cannot rule out the diagnosis of DAP. This has been specified in the discussion section of the final manuscript (line 7, page 7).

3) MRI and the second CT were done after previous surgery, can it be excluded that the invisible duct and the alteration of the vein are mainly a consequence of this surgery?

We agree that an invisible accessory duct could be the consequence of the difficult surgical procedure, as MRI was not performed preoperatively. In contrast, compression of the splenic vein was already present on the first CT. This has been specified in the final manuscript (lines 6-7, page 5).

4) What are the details of the MRI and CT?

Details of the initial and second CT are given in the case report section (page 4, lines 9-13 and page 5, lines 28-31, respectively). We provide retrospectively a second interpretation of these two CTs (lines 4-6, page 5).

Details of the MR-CP have been given in the final manuscript (lines 1-2, page 5)

Reviewer 4

Cystic neoplasms of the pancreas are rare slow-growing entities. It is an interesting case report, well writing and adequate documented that could be published.

3 References and typesetting were corrected

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

Sincerely yours,



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