

## **Answering reviewers**

Dear Editors and Reviewers,

Thank you for giving us a chance to revise and improve the quality of our article. We have read the reviewers' comments carefully and have made revision in the paper. We have tried our best to revise our manuscript according to the comments. Here, we would like to explain the changes briefly.

In the article, a discussion of the patient's pancreas and the whole course of treatment is supplemented. On preoperative examination, we could judge the rupture of the spleen. Then a small bowel mass was unexpectedly found during the operation. After we had done partial small bowel resection and splenectomy, we did not take the specimen of the pancreas for pathological examination as it was difficult diagnosing heterotopic pancreas which was considered normal when the small intestinal mass was found. Therefore, more comprehensive considerations about the diagnosis and treatment of the disease are required. Second, the patient's history of renal insufficiency was described in detail. Ten years ago, the patient developed chronic nephritis, chronic, urine volume gradually decreased, and uremia developed one year later. The patient remained anuria and was treated with hemofiltration three times a week and he regularly took creatinine-lowering medications. Finally, we also adjust the language and content on the basis of the format of the magazine.

In all, we found these comments are quite helpful. And special thanks to you for your good comments again. I wish this revision will be acceptable for publication in your journal. Thank you for your consideration. I am looking forward to hearing from you.

Yours Sincerely,

Zhe Liu

Email: Liuzhe4321@126.com

## **Answering reviewers for re-review**

Dear Editors and Reviewers, Thank you for giving us a chance to improve the quality of our article. We have read the reviewer's comments carefully. Here, we would like to explain the changes in detail.

Comment 1: Iatrogenic finding is interesting and should be highlighted

Comment 2: Mention splenic rupture here. It reads like surgery was done for abdominal pain not splenic rupture.

**Changes made to the comments 1 2:** Contrast-enhanced CT of the whole abdomen suggested splenic congestion which was considered to be splenic rupture, so emergency laparotomy was performed, and the ruptured spleen was removed during the operation. Unexpectedly, a cauliflower-like mass of about 2.5×2.5 cm in size was incidentally found about 80 cm from the ligament of Treitz during the operation, so a partial small bowel resection was performed, and postoperative pathology confirmed the small bowel mass as heterotopic pancreas with low-grade IPMN. (Located in case summary)

Comment3: Need to be written as case report for journal not like taking history for clinical presentation. Use paragraphs. Do not use unnecessary headings.

Comment4: No required to mention

Comment5: Need to write only very specific information

Comment6: Merge all this is previous paragraph without headings.

Comment7: Not relevant to study.. add this info to main body of report

Comment 8: Move this under operative finding above histology.. operation was done before histology!!!!

Comment 9: No needed

**Authors' explanation to comments 3-9:** Because the format requirements of the WJCC magazine are that the Case presentation section includes Chief complaints, History of present illness, History of past illness, Physical examination, Laboratory examinations, Imaging examinations, Pathological

examination. And then FINAL DIAGNOSIS, then TREATMENT, then OUTCOME AND FOLLOW-UP. It is not allowed to omit some parts, or combine some parts, or adjust the order of each part, so the structure of this part is not revised. Part of The content has been simplified and adjusted in language, for example, the verbalization of OUTCOME and FOLLOW-UP in the original text has been simplified to 'The patient abandoned treatment'.

Comment 10: Expand uremia? Was that only past medical history? Why was uremia? Was their renal failure? Was he on dialysis? Case of renal failure etc.. If mentioning past history than mention it in proper details.

**Changes made to the comment 10:** Ten years ago, the patient developed chronic nephritis chronic, urine volume gradually decreased, and uremia developed one year later. The patient remained anuria and was treated with hemofiltration three times a week and he regularly took creatinine-lowering medications.(Located in History of past illness)

Comment11: Make it very specific

**Changes made to the comment 11:** Abdominal CT showed that the shape of the spleen was irregular, its internal density was uneven, and multiple, high-density liquid shadows were seen in the spleen and stomach, which suggested spleen rupture and perisplenic hemorrhage (Figure 1). (located in Imaging examinations)

Comment 12:Use proper scientific terminology.. was it hemofiltration or hemodialysis????

**Changes made to the comment 12:** As the patient had a history of chronic renal insufficiency and was in the uremic stage, hemofiltration treatment was given in the intensive care unit.(located in TREATMENT)

Comment13:Was any investigation done to look at normal pancreas?? Discussion needs more specific points. Mention incidental finding and how to manage afterwards..

**Changes made to the comment 13:** Our patient is a special case of heterotopic pancreas with IPMN. Emergency splenectomy was performed because of the

rupture of the spleen. A small intestinal mass was accidentally found during the operation, and small intestinal tumor resection was performed after explaining the condition to the family members during the operation and consent was obtained. Although the nature of the mass was confirmed as heterotopic pancreas with low-grade IPMN by postoperative pathology, we did not take the specimen of the pancreas for pathological examination during the operation as it was difficult diagnosing heterotopic pancreas which was considered normal when the small intestinal mass was found. Therefore, more comprehensive considerations about the diagnosis and treatment of the disease are required.(located in DISCUSSION )

Comment14:??? operative finding: operative procedure??? What was done??  
Please add

**Changes made to the comment 14:** The patient underwent emergency laparotomy under general anesthesia, and splenectomy. There was a 2.5×2.5 cm cauliform mass 80 cm from the small intestine to the ligament of Treitz, and partial small bowel resection was performed (Figure 4). During the operation, 100 mL liquid crystal, 2 U white and red blood cell suspension, and 200 mL plasma were injected. There was 1500 mL blood loss and anuria. The patient was in critical condition because of severe trauma, blood loss, and renal insufficiency. He was transferred to intensive care unit, and was given assisted ventilation, active blood transfusion, fluid replacement, anti-shock and anti-infection treatment. As the patient had a history of chronic renal insufficiency and was in the uremic stage, hemofiltration treatment was given in the intensive care unit.(located in TREATMENT)

Finally, thank you very much for the patience and comments on this article. We really appreciate each of your comments. We are also very serious about every opinion and cherish every opportunity to communicate with you. We wish this manuscript will be acceptable for publication in the journal.Thank you for your consideration.We are looking forward to hearing

from you.

Yours Sincerely,

Zhe Liu Email: [Liuzhe4321@126.com](mailto:Liuzhe4321@126.com)