

Manuscript ID:

84628

Manuscript Title:

Reoperation for heterochronic intraductal papillary mucinous neoplasm of the pancreas after Intraductal papillary neoplasm of the bile duct resection: a case report

Name of Journal:

World Journal of Gastrointestinal Surgery

Date of Sending for Revision:

2023-04-14

Dear Dr Jia-Ping Yan,

Please find attached a revised version of our manuscript Reoperation for heterochronic intraductal papillary mucinous neoplasm of the pancreas after Intraductal papillary neoplasm of the bile duct resection: a case report”, which we would like to resubmit for publication as a case report in World Journal of Gastrointestinal Surgery.

The comments of reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the 'Responses to the comments of Reviewer' are our point-by-point responses to each of the comments of reviewers.

Revisions in the manuscript are shown using red/blue font underlined. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Gastrointestinal Surgery.

(see details in 84628-Supplementary-Material-revision.docx)

We shall look forward to hearing from you at your earliest convenience.

Yours sincerely,

Gang Xiao, MS

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Responses to the comments of Reviewer #1 (red font underlined)

1. The case report provides the pathologies only for the IPMN. A comparison between the IPNB and the IPMN is mandatory to distinguish de novo IPMN from the recurrence of IPNB (intraductal dissemination of the IPNB into the intrapancreatic bile duct).

Response: The postoperative pathological diagnosis was malignant intraductal papillary neoplasm of the bile duct with negative cutting edge, and pathological stage T1N0M0. (figure 1)

2. Ideally, a genetic analysis should be performed to distinguish the two conditions. What was the pathological evaluation of the stump during IPNB resection? If the stump was positive, there is a possibility of residual recurrence.

Response: A genetic analysis is a great suggestion. But the left hepatectomy was performed in another hospital 10 years ago, so the patient was unable to provide pathological sections.

Responses to the comments of Reviewer #2 (blue font underlined)

1. It would be helpful to provide epidemiological data on IPMN and IPNB incidence and prevalence, as well as management guidelines and suggestions. This would enhance the introduction and contextualize the case report.

Response: As the comments of Reviewer, we searched the incidence of IPMN and found that the literature only provided the incidence of PCN. The incidence of IPNB and the management guidelines of IPMN have been provided in the manuscript.

2. please provide more citations in the introduction part.

Response: We have added some relevant citations.

3.case presentation: the patient's age is 56 years age, while in the abstract was 67 years, please this into consideration even when taking the history in consideration.

Response: We are sorry for such a low-level error. It has been corrected.

4.figures provided would be better presented if they were more illustrated using arrows as an example.

Response: We have provided more descriptions to illustrate the meaning of the figures indicated by the arrows.

5.Disussion: the first paragraph of the discussion part should be removed to the introduction part.

Response:The first paragraph of the discussion part has been removed to the introduction part.

6.references: most references are old, please try to update them

Response: Some of references have been updated.

Responses to the comments of Reviewer #2

Dear authors The case report presented is an interesting one written briefly and good enough. The fifth figure is unnecessary as it is mentioned within the manuscript repeatedly.

Response: Thank you for the Reviewer's positive comments. The fifth figure has been deleted.

复旦大学附属中山医院病理科

病理诊断报告单

姓名	■	性别	男	年龄	59	标本号	■
住院号	■	病区	外科监护室	床号	18	收到日期	2013-01-23
手术医院	■	送检材料				报告日期	2013-01-30

巨 检 小块肝组织，大小2.6X2.5X1.2CM，肝被膜下见一灰白灰红色囊实性肿物，大小2X1.8X1.1CM，质中，突出肝被膜0.5CM。

诊 断 (肝)肝内胆管乳头状肿瘤，伴腺上皮重度异型增生，癌变(腺癌)，以粘液腺癌为主。切缘未见肿瘤组织累及。

审核医师 许建芳 报告医师

Figure 1