

Revision and Response

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Chronic Pancreatitis: Pain and CT/MR Imaging Findings". Those comments are all valuable and very rewarding for revising and improving our paper, as well as the important guiding significance to our researches. We have studied the comments carefully and have made corrections, which we hope meet with approval. Revised portions are marked in yellow on the paper. The main corrections in the paper and the response to the Editorial Comments and Reviewers' Comments are given as follows.

Editorial Comments:

1. Response to comments (Science editor): "1. The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript."

Response: Thank you for this editorial comment. Considering this suggestion, the whole manuscript has been polished and modified accordingly, and we have highlighted the modified/added content in yellow in the revised manuscript.

Responds to the Reviewer Comments:

1. Response to comments (Reviewer #1): "1. This is a good manuscript relating to the imaging findings and symptoms in chronic pancreatitis."

Response: We are very grateful for your kind appraisal. Thank you for your time and dedication in reviewing our manuscript. We are honored to have had the opportunity to receive feedback from someone with your level of expertise.

2. Response to comments (Reviewer #1): "2. There are some typing errors that must be corrected as the citation of Elsen and als (written as elsen)."

Response: Special thanks to you for your good comments. We found the citation errors and corrected some typing errors, as shown on Page 7, line 214.

3. Response to comments (Reviewer #1): “3. Have you found any correlation between the enlargement of pancreatic head and pain, and what about intraparenchymal pseudo cyst and pain ?”

Response: Thanks to you for your good comments. As shown by the reference of Malfertheiner et al. cited in Table 4, as early as 1985, a prospective study of 64 patients with chronic pancreatitis, found that patients with large pancreatic pseudocysts (> 2cm) were most often associated with severe pain (62 %). However, in a minority of cases with large pseudocysts, the pain could be mild or even absent. The small cyst, scattered throughout the parenchyma, was roughly the same as the different degrees of pain caused by pancreatic enlargement and duct dilatation. It can be seen that the distribution of pain in patients with chronic pancreatitis with pancreatic enlargement (not just limited to the enlargement of the pancreatic head) is roughly the same in different severity, and the large pancreatic pseudocyst (> 2cm) is most associated with severe pain. We have added the relevant content of the reference to the third conclusion of Table 4. If there is an opportunity, we hope to conduct more in-depth research to verify such a conclusion.

Moreover, (1) We have provided the filled conflict-of-interest disclosure form. (2) We have provided the figures cited in the original manuscript in the form of PPT and all the illustrative figures in the article are made by the authors. Each figure has a general title and explanation. (3) We have made corrections to meet the journal's preferred format. (4) We have checked that all final authors are properly listed on the revision submission.

To sum up, we tried our best to improve the manuscript and we had made corrections

according to the reviewers' comments and editorial comments. All of the changes did not affect the content and framework of the paper. We appreciate for Editors' and Reviewers' warm work earnestly, and we hope that the corrections will meet with approval.

Once again, thank you very much for editorial and reviewer's comments and suggestions.

Yours

Sincerely,

Xiao Bo

(Email: xiaoboimaging@163.com)

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