Format for ANSWERING REVIEWERS

April 14, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9272-review.doc).

Title: OUTCOME OF ENDOTHERAPY FOR PANCREAS DIVISUM IN PATIENTS WITH ACUTE RECURRENT PANCREATITIS

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9272

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 reviewers #00004525 and # 503834 that considered the paper "good" and "accepted" for publication. As regards the third reviewer (# 34432), we supposed not necessary our answers because he classified our study as "poor" and proposed unequivocal "rejection". Please, let us know if you prefer to have our comments also for this last reviewer.

Reviewer # 00004525
Although there are many reports about outcomes of endotherapy for ARP with PD, this paper has done a prospective study using EUS. Furthermore, enrolled criteria are strict with exclusion of alcohol abuse or genetic changes.

Reviewer # 503834
1. For the diagnosis of pancreatic divisum, MRCP is difficult, even by ss MRCP. The missed or unclear portion of pancreatic duct can't be determined as a true pancreatic divisum or marked stenosis resulting from chronic pancreatitis.
2. Endoscopic treatment is not enough for chronic pancreatitis due to both dorsal pancreatic duct or ventral pancreatic duct should be managed. Only minor papilla endoscopic sphincterotomy is not sufficient.
3. In general, the stenosis of pancreatic duct should be dilated, such as stenting with stent diameter more than 8.5 Fr., balloon dilatation or Soehendra retriever.
4. The treatment of chronic pancreatitis should base on the structure of pancreatic duct, but the author did not mention it in this manuscript.

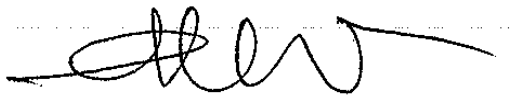
1. We agree with reviewer comment and for this reason all patients were submitted to EUS in order to exclude false pancreas divisum.

2. In our study only few patients (four) developed chronic pancreatitis unresponsive to endoscopic treatment during follow-up, none of them with indication for ventral duct endotherapy.
3. We enrolled only patients without chronic pancreatitis. The goal of the placement of pancreatic stent was to assure pancreatic ductal drainage through the minor papilla in order to evaluate its obstructive role in the relapse of acute pancreatitis. For this reason and prevention of pancreatic ductal changes consistent with CP we placed 7 Fr stent reserving 10 Fr stents only for patients with further relapses of pancreatitis (we already spoke about this topic in Discussion Section).
4. The structure of pancreatic duct (presence or absence of dilation) was not significantly associated with the two outcomes (rate of AP recurrences and development of EUS signs of CP) (see Results Section).

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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