



March 25, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9382-review.doc).

Title: Duodenum-preserving resection and Roux-en-Y pancreatic jejunostomy in benign pancreatic head tumor

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9382

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

(1) The manuscript is well-written except for some typographical errors and some sentences which were written poorly and could do with re-phrasing for clarity.

The manuscript has been edited extensively. Additionally, we have resorted to professional English language editing service and the certificate is also uploaded with the revised document package.

(2) Moreover, the cases should be tabulated for all the relevant data including patients' demographics.

We have re-made the demographic table to include as many demographic data as we can think of.

(3) The description of the surgical technique should be made under "Patients and Methods". It should also be augmented by a schematic sketch of some key steps.

The description of the surgical technique has been revised to be under the section of "Patients and methods". A schematic sketch of some key steps has been included as Figure 5.

(4) In the technique, how was the tumor carefully isolated from the pancreatic tissues? And how was a tumor within the pancreas resected? Is it by enucleation? This needs to be clarified?

The description of the tumor isolation and resection has been added in the manuscript "The tumor was carefully isolated from normal pancreatic tissue to avoid injury or ligation of the common bile duct and the pancreatic duct. Specifically, with preserving the right gastroepiploic artery, the anterosuperior pancreaticoduodenal artery was identified and divided. The origin of the posterior superior pancreaticoduodenal artery was identified and the attached pancreatic tissues were separated downward, preserving the vessels. Leaving both the posterior superior pancreaticoduodenal artery and common bile duct intact, the pancreatic tissues surrounding the common bile duct and intervening between the posterior superior pancreaticoduodenal artery and the common bile duct were carefully dissected. The tumor within the head of the pancreas, as well as some pancreatic tissue in the pancreatic head, was completely removed from the tightly attached parapapillary area of the second portion of the duodenum, and the tumor tissue was prepared for frozen section biopsy to confirm the benign tumor. Pancreaticoduodenectomy would have been carried out if a malignant tumor was proven".

(5) Page 6, line 3: rephrase "treatment for wound bleeding of the pancreas". ? Page 7, line 14: what is meant by "after duct ligation which was not found"? ? Page 7, line 17: Sentence "which was not conducive to observing ligation completed" should be rephrased for clarity. ?

Page 6 Line 3: "treatment for wound bleeding of the pancreas" has been revised into "management of surgical-site bleeding";

Page 7 Line 14: "the duct was injured accidentally after pancreatic ductal ligation, which was not found" has been replaced by "unnoticed injury of the duct after pancreatic ductal ligation";

Page 7 line 17: "which was not conducive to observing the section of the small pancreatic duct with possible ligation completed" has been substituted for "which hinders a clear vision of the small pancreatic duct section with possible ligation completed".

(6) Page 7, line 30: on what basis a tumour size of 3-5 cm was decided?

The tumour size of 3-5 cm was decided based on the tumour sizes of the four cases in this study (3.2-4.5 cm) and the authors' surgical experiences with other patients.

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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