

June 05, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format

**Title:** Management of chronic pancreatitis complicating pseudoaneurysm bleeding

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 9728

The manuscript has been improved according to the suggestions of reviewers:

**Comments:** In this manuscript, the authors reviewed the chronic pancreatitis complicated with pseudoaneurysm bleeding with the aim of providing better and reasonable therapeutic strategies to treat this rare but critical situation.

This is an interesting review article. The reviewer has some concerns as follows: 1. there were only a few descriptions for causal association of chronic pancreatitis in this manuscript. It needs to be strengthening. 2. Is there a possibility that chronic pancreatitis is processed from acute pancreatitis? The authors need to clarify and describe this issue in the text.

**Responses:** Many thanks for the reviewer's valuable and useful comments. We have revised the manuscript according to the reviewer's suggestions.

The approximate annual incidence of CP is around 7-10 per 100000 people <sup>[2]</sup>. The causes of CP are complex and involve both environmental and genetic factors. Alcohol consumption, nicotine usage, pancreatic duct obstruction, hyperlipidemia, hypercalcemia, and autoimmune diseases are thought to be the most common causes <sup>[1, 3, 4]</sup>. Among them, alcohol has been deemed as the leading cause of CP, accounting for 60% and 35% of CP patients in Western countries and China, respectively <sup>[3]</sup>. The cumulative incidence of CP was 13% in 10 years and 16 % in 20 years <sup>[5]</sup>. Whether acute pancreatitis (AP) may progress to CP is still controversial. Postmortem examinations in 405 patients who died of AP showed that the majority of patients had no histological signs of CP <sup>[6]</sup>. Different experimental models of AP did not provide

evidence of AP progressing to CP [7, 8]. A study recruiting 532 patients with initial attack of AP with an average follow-up time of 7.8 years found that the progression from AP to CP occurred only in alcoholics. Smoking significantly enhanced the risk of progression from alcoholic AP to CP [5].

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

Best wishes

Sincerely yours,

Jun-Te Hsu