

Dear Editor,

Following are the answers to reviewer questions. Italic fonts are questions and followed by our answers in normal font.

Reviewed by 00058446

This a successful case of islet autotransplantation performed in a chronic pancreatitis patient suffered from significant pain with a hypercoagulable disorder. It is imperative to identify at risk patients and manage these patients with therapeutic anticoagulation with heparin to prevent portal venous thrombosis in patients with pre-existing risk factors. The author's careful teamwork and experience is helpful for safely managing these patients . There is a question: Postoperative Doppler ultrasound of the liver was performed on day 1, 2, and 5 and once weekly for one month and biweekly for another two months, what is the result about the PV/SMV ? Is there any pictures?

ANSWER:

Results of these are added in text and picture is also added.

Reviewed by 00504150

The manuscript entitled, "Islet autotransplantation in patients with hypercoagulable disorder" by Desai et al is a case report describing postoperative anti-coagulation management in an islet autotransplant patient with PAI-4G/4G variant. The manuscript is well written and is a very valuable case report. There are several specific points that the authors should address to improve the manuscript.

1. The title should be modified so that a reader can tell this is a case report. Also do not use "patients" (plural) for a title of case report. The same applies to the running title.

We corrected this.

2. The authors describe two statements on the first page: (1) The study was reviewed and approved by the Georgetown University Institutional Review Board, (2) All study patients, or their legal guardian, provided informed written consent prior to study enrollment. These statements are strange enough for a case report. The authors should be very careful.

Removed those statements.

3. The authors should describe in detail how to cannulate the duct because the patient has pancreas divisum. Dorsal pancreas (or pancreas originated from dorsal bud) and ventral pancreas (or pancreas originated from ventral bud) should be cannulated separately (Islets 2010;2:265-273). There are, in stead, so many unimportant descriptions regarding islet isolations in the current form.

This has been added in manuscript now.

4. The authors state in the Discussion section, "Heparin also has advantage in the islet engraftment process and hence it has dual advantage" with citing two articles (#29 and #30). The cited articles are not investigating anything about heparin. The authors made a solid statement without any supportive evidence, which cannot be acceptable.

We corrected this.

5. It would be very helpful to have a table showing the differences between standard protocol at the authors' institute and this case regarding anticoagulation management.

Anticoagulation management described is too brief to tabulate and hence we had described in discussion.

Reviewed by 00224612

The manuscript by Desai and co-workers describes a case of islet autotransplantation in a patient with hypercoagulable disorder, and reviews the literature. This is a relevant case report of a rather rare clinical encounter. The review of the literature addresses some interesting points and the manuscript is overall well written. There are a few issues. The introduction as well as the discussion section is somewhat superficial with respect to evidence based data on total pancreatectomy and islet autotransplantation. The authors should take this point into consideration. There is no statement regarding the cause of chronic pancreatitis in this rather your patient presented. That should be stated. Which workup was carried out; which causes had been excluded.

We have added the cause and investigations for the cause of chronic pancreatitis. And since it's a single case report, we tried to keep discussion focused.