

## Format for ANSWERING REVIEWERS



August 25, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript NO:4154

Title: Impact of Cirrhosis on Surgical Outcome After Pancreaticoduodenectomy

Author: Ayman El Nakeeb, Ahmad M Sultan, Tarek Salah, Mohamed El Hemaly, Emad Hamdy, Ali Salem, Ahmed Moneer, Ramy Said, Ahmed AbuEleneen, Mostafa Abuzeid, Talaat Abdallah, Mohamed Abdel Wahab

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

**ESPS Manuscript NO:** 4154

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

Reviewer 1:

This retrospective study is designed to investigate the role of cirrhosis on pancreatoduodenectomy for malignant disease. The authors demonstrate that wound complications, internal haemorrhage, pancreatic fistula and hospital mortality increase in the cirrhotic patients group. The authors also report that blood loss and blood transfusion were more significant in cirrhotic patients with portal hypertension. Moreover hospital mortality was higher in child B patients than child A. The manuscript is well done and statistical analysis is appropriate and correct. The authors highlight that the data reported in the manuscript may aid surgeons to recognize among patients requiring pancreatoduodenectomy for malignant disease in pancreatic head and periaampullary region, those who may present the best outcome.

Reviewer 2:

This is an interesting paper describing the surgical outcomes of PD in patients with liver cirrhosis. Cirrhotic patients with portal hypertension were associated with poorer outcome than cirrhotic patients without portal hypertension. PD is recommended only in patients with Child A cirrhosis. Therefore, I only have one minor revision to suggest.

I would like to know about preoperative, intra-operative and postoperative details in these 4 cirrhotic patients with Child B.

Preoperative

Four Patients had child B score below 8, 3 males and one female with a mean age  $52.18 \pm 7.04$ . All 4 patients had Preoperative portal hypertension in the form of splenomegaly (major diameter  $>12$  cm with platelet count less than  $100,000/\text{mm}^3$  according to Barcelona Clinic Liver Cancer (BCLC) group criteria and esophageal varices detected by endoscopy

Intraoperative

The presence of cirrhosis did not modify the standard procedure but we used suture ligation preferentially rather than cautery when possible. The tumour was not locally advanced, and no distant metastases. Pancreatic reconstruction was performed by either pancreaticogastrostomy (PG). Operative time was longer  $5.68 \pm 0.72$ . The median intraoperative blood loss were 1000 ml (200-2500 ml) and blood transfusion was required in all 4 patients.

Postoperative

Postoperative complications in the form of pancreatic leakage in 2/4 patients, ascites in three patients (18.8%), wound infection in four patients (25%), intra-abdominal collection in four patients (25%), delayed gastric emptying in four patients (25%), encephalopathy in one case and deterioration of liver function in three cases (12.5%). Hospital mortality in cirrhotic patients Child B was 2 out of 4 patients

In addition, there are grammatical errors which must be corrected.

Reviewer 3:

RE: ESPS Manuscript NO: 4154 Title: The Impact of Cirrhosis on Surgical Outcome After Pancreaticoduodenectomy The authors retrospectively investigated the surgical outcome of patients with liver cirrhosis undergoing pancreaticoduodenectomy (PD). They conclude that patients with periampullary tumour and well-compensated chronic liver disease should routinely be considered for PD. PD is associated with an increased risk of postoperative morbidity in patients with liver cirrhosis, and therefore it is only recommended in patients with Child A cirrhosis without portal hypertension. This is the large series regarding the surgical outcome of patients with liver cirrhosis undergoing PD. Several comments can be addressed below.

Minor comments:

#1. Medical terminology "pancreaticoduodenectomy" is appropriate throughout the manuscript. The authors should change "pancreatoduodenectomy" to "pancreaticoduodenectomy".

Ok, we change "pancreatoduodenectomy" to "pancreaticoduodenectomy".

#2. The authors should rewrite the submitted manuscript according to the Instructions for Authors, World Journal of Gastroenterology. Also, the authors should reconsider the paragraphing throughout the manuscript, i.e., in Introduction, the authors should remake 4 paragraphs. In the main text, only one sentence appears on one paragraph.

Ok we remake paragraphs in all manuscript as your advice.

#3. The authors should remake the Tables 1 to 5 according to the Instructions for Authors, World Journal of Gastroenterology and journal style.

Ok.

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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