

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 86493

**Title:** Successful Resolution of Gastric Perforation Caused by a Severe Complication of Pancreatic Walled-Off Necrosis: A Case Report

**Our point-by-point response to the Reviewers' comments and suggestions is listed below:**

We are grateful to the Editors and Reviewers for the meticulous review and insightful comments regarding our manuscript that helped us improve the text. We have amended our manuscript and made additional corrections to address the Reviewers' comments and suggestions. Detailed point-by-point responses are as follows:

● **Reviewer #1 :**

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** This is an interesting case report, because of the gastric perforation induced by WON in necrotizing pancreatitis. The authors have selected nice CT images to demonstrate the case. Language should be revised and the literature should be updated. Especially: The key words should contain: case report peritoneal irrigation should be changed in peritoneal irritation biochemistry test: list in a table instead of text with the normal values at their side necrosectomy, should be changed to necrosectomy The mortality rates are much higher than 20-30% in severe pancreatitis. This should be corrected. Also the authors should find newer literature (than 2007) Take out : We performed a retrospective review at a single center experience. A prospective, randomized, multicenter investigations related to this issue are necessary. No case report in the literature

(number 4) Literature is very old (number 9) It is wrong that endoscopic drainage leads to longer hospital stay. This should be corrected. Comment on life style changes for the patient.

1. Language should be revised and the literature should be updated.

Response: We thank you for your thoughtful comment. We sent our revised manuscript to a professional English language editing company to further polish the manuscript. We attached a language certificate along with our manuscript.

2. Especially: The key words should contain: case report

Response: We appreciate your thoughtful comment. Accordingly, we added this to the Key words list as "Acute Necrotizing Pancreatitis, Endoscopy, Vacuum assisted closure, Gastric rupture, Surgery, **Case report**"

3. peritoneal irrigation should be changed in peritoneal irritation

Response: We appreciate your thoughtful comments regarding our manuscript. Accordingly, we replaced the phrase in the revised manuscript in the Physical examination part as "**irrigation**"

4. biochemistry test: list in a table instead of text with the normal values at their side

Response: We thank you for your insightful comment. We, in accordance with the above-mentioned comment, revised the Laboratory examinations as "**Table 1. Biochemistry values on admission day.**"

| Values                 | Units   | Reference range | On admission |
|------------------------|---------|-----------------|--------------|
| White blood cell count | 10e3/uL | 3.8–11.0        | 12.78        |
| Neutrophil count       | 10e3/uL | 1.5–7.0         | 9.25         |
| Hemoglobin             | g/dL    | 13.5–17.5       | 8.4          |
| Hematocrit             | %       | 39.0–53.0       | 25.0         |

|                       |         |         |      |
|-----------------------|---------|---------|------|
| Platelet count        | 10e3/uL | 140–420 | 697  |
| C-reactive protein    | mg/dL   | 0–0.5   | 9.24 |
| Lactate dehydrogenase | U/L     | 135–225 | 274  |
| Lactic acid           | mmol/L  | 0.7–2.5 | 2.2  |
| Sodium                | mmol/L  | 138–148 | 119  |
| Potassium             | mmol/L  | 3.5–5.3 | 3.69 |
| Serum amylase         | U/L     | 36–128  | 29.3 |
| Serum lipase          | U/L     | 22–51   | 80.1 |

5. necresectomy, should be changed to necrosectomy

Response: We appreciate this insightful comment. We apologize for this unintended mistake. Accordingly, we corrected the term in our revised manuscript in the Treatment part into “necrosectomy”

6. The mortality rates are much higher then 20-30% in severe pancreatitis. This should be corrected. Also the authors should find newer literature (than 2007)

Response: We appreciate your thoughtful comments regarding our manuscript. We corrected our

Reference 7->8 as “Yang Y, Zhang Y, Wen, S, Cui Y. The optimal timing and intervention to reduce mortality for necrotizing pancreatitis: a systematic review and network meta-analysis. *World J Emerg Surg* 2023;18:9 [PMID: 36707836 DOI:10.1186/s13017-023-00479-7]”

7. Take out : We performed a retrospective review at a single center experience. A prospective, randomized, multicenter investigations related to this issue are necessary.

Response: We appreciate this insightful comment. We apologize for this unintended mistake that was due to a clerical error. We removed the inappropriate sentences.

8. No case report in the literature (number 4) Literature is very old (number 9) This should be corrected.

Response: We thank you for this insightful comment. We agree with you that the references are out of date. There are cases dealing with walled-off necrosis. However, it is difficult to find cases similar to ours. Similar cases were searched again in chronological order and the references were revised accordingly. We addressed the above-mentioned comments in the introduction as “To date, cases of gastric perforation, a serious complication of pancreatic WON, are hardly encountered and similar cases to ours are few.”

The references were updated as follows.

4. Madhyastha SP, Banda GR, Acharya RV, Balaraju G. Spontaneous rupture of pancreatic pseudocyst into the stomach *BMJ Case Reports CP* **2021**;**14**:22 [PMID: 34301710 DOI: 10.1136/bcr-2021-244839]

5. Bansal, A., Gupta, P., Singh, H., Samanta, J., Mandavdhare, H., Sharma, V., Sinha, S.K., Dutta, U. and Kochhar, R. Gastrointestinal complications in acute and chronic pancreatitis. *JGH Open* **2019** 3: 450-55. [PMID: 31832543 DOI: 10.1002/jgh3.12185]

9->10. El Boukili I, Boschetti G, Belkhodja H, Kepenekian V, Rousset P, Passot G. Update: Role of surgery in acute necrotizing pancreatitis. *J Visc Surg* **2017**;**154**(6):413-20. [PMID: 29113713 DOI: 10.1016/j.jviscsurg.2017.06.008]

9. Comment on life style changes for the patient.

Response: We appreciate your meticulous review of our manuscript and thank you for this suggestion. We addressed the above-mentioned comments in the treatment

as “He was followed up as an outpatient for 6 months without showing recurrence or readmission event including glucose control, and is doing well at work after getting a job.”

● **Reviewer #2 :**

**Scientific Quality:** Grade E (Do not publish)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Rejection

**Specific Comments to Authors:** The Authors document a case of successfully resolved gastric perforation complicated by pancreatic WON. While the case presents no particular novelty, it may have a good educational value. I have however some major concerns: - Authors contributions: which study? this is a case report! please revised this - Discussion: 'We performed a retrospective review at a single center experience. A prospective, randomized, multicenter investigations related to this issue are necessary.'. Again, this is a case report. How do the Authors imagine to conduct a prospective, randomized, multicenter investigation on gastric perforation due to WON? I am afraid that the Authors have copied the above statements from other sources without thinking about them. All references date back to more than 10 years ago. I therefore encourage the Authors to carefully reconsider what they have written. Authors contributions: which study? this is a case report! please revised this - Discussion: 'We performed a retrospective review at a single center experience. A prospective, randomized, multicenter investigations related to this issue are necessary.'. Again, this is a case report. How do the Authors imagine to conduct a prospective, randomized, multicenter investigation on gastric perforation due to WON? I am afraid that the Authors have copied the above statements from other sources without thinking about them.

Response: We appreciate this meticulous review of our manuscript. We apologize for the mistake, which was due to a clerical error. We removed all inappropriate sentences from the discussion. We updated our references. Wrong sentences that were inappropriately written and caused confusion were deleted. The overall case was completely revised,

including the points made by the Reviewers. Therefore, please, kindly check again. In addition, we found few cases that matched our report, and we suggest that this case has academic and educational value in that it addresses the details of the clinical course and treatment of this rarely encountered patient population.

We corrected the above-mentioned comments in the Author contributions as “All authors contributed to the acquisition of data for this study. Noh BG analyzed the data and wrote the manuscript. Yoon Mh designed the case. All authors have read and approved the final manuscript.”

● **Reviewer #3 :**

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade C (A great deal of language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** The article is within the scope of the journal, and deals with an interesting topic. It is well written and organized. The reading is fluent. An original and novel case review is presented. The results are described and a discussion is carried out. To be accepted, some changes would have to be made: a) A section on the state of the art should be included where the work presented is compared with other similar ones, delimiting the advances and limitations. b) A state of the art section should be included. c) The conclusions must summarize the scientific contribution of the article and what would be the main lines of future work.

1. a) A section on the state of the art should be included where the work presented is compared with other similar ones, delimiting the advances and limitations.

2. . b) A state of the art section should be included.

Response: We thank you for this insightful comment. We addressed the above-mentioned comment and added a text to the Discussion as “From the point of view of surgical

management of necrotizing pancreatitis, previous reports have emphasized that formal resection should be avoided to lower the event of bleeding and fistula formation and protect normal tissue. Thus, repeated debridements with continuous drainage were commonly performed. However, those procedures could be usually associated with immediate and long-term complications such as gastrointestinal perforation, infection, organ failure, and fistula. Morbidity rates of 34%-95% have been reported. [7, 9] In our case, we initially performed formal distal pancreatectomy and adjacent necrotic tissue resection with surgical drainage. Cholecystectomy was not performed because there was no evidence of gallstone pancreatitis. Regarding gastric perforation with pancreatic WON, there are no surgical guidelines due to shortness of this disease entity and its rarity. We suggest that formal resection would be the better procedure for removing necrotic tissue as much as possible without further surgical debridement.” and “Clinical cases showing resolution of pancreatic WON with gastric perforation is hardly reported. Therefore, discussing multidisciplinary clinical approaches is essential.”

3. c) The conclusions must summarize the scientific contribution of the article and what would be the main lines of future work.

Response: We appreciate your thoughtful comments regarding our manuscript. We revised our conclusion into “Encountering a patient with serious gastric perforation complicated by pancreatic WON, formal distal pancreatectomy, adjacent necrotic tissue resection, and surgical drainage with a multidisciplinary treatment approach could be considerable options for improving the therapeutic outcome. “