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Unidad de Investigación Médica en Enfermedades Endócrinas
Hospital de Especialidades,
Centro Médico Nacional Siglo XXI
Mexico City, Mexico
e-mail: aldo.nagisa@gmail.com
Phone: (525) 56276900 ext 21913

Editorial Office

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Along with this letter we are submitting for your consideration the revised version of our manuscript entitled ***“Insulinoma after sleeve gastrectomy: A rare case report (Manuscript ID: 73580)”***. We thank the reviewers for their comments and observations. We have responded point-by-point all queries raised by the reviewers, highlighting in yellow all changes made to the original manuscript.

Respectfully,

Aldo Ferreira-Hermosillo, MD, PhD
Corresponding author

Reviewer 1

- 1) The paper is really interesting. Insulinoma after LSG is a rare condition, and as I know this is the first report of this complication. The authors showed us a complete story to diagnose and treat this rare situation. The potential mechanism was also described. I am interested in the number of LSG in your center till now, and an estimated incidence of insulinoma after LSG would be encouraged. Thank you and congratulation to you.

Response: Thank you for your comments. In our center, 20% of bariatric surgeries are LSG. Since 2010 when the clinic was opened, 1000 of procedures have been performed. We add this information into the discussion section.

Reviewer 2

- 1) The accurate causes of insulinoma are unknown, for the patient with obesity, pancreatic β cells function with reflex response irregularly before and after gastrectomy, so imaging for it is important, if available, add it please!

Response: Unfortunately, we met the patient after the procedure was performed and we lack evaluation on beta cell response.

2) Discussion is redundant

Response: We modified the discussion section, eliminating those redundant sentences.

Round 2:

Aldo Ferreira-Hermosillo, MD, PhD Corresponding author Comments:

1. The part of discussion is too long, redundant: this is only a case report.

Response: We modified and reduced the discussion section, eliminating those redundant sentences. Due this modification, a reference was deleted, and a new one was added into this version.

2. No biochemistry data was presented

Response: We decided to include only the most relevant laboratories for our case into the "Laboratory examinations" section. Here we include a list of all the biochemical evaluations performed. Please let me know if we need to include them into the manuscript. HbA1c (<5.7%) 4.8% C-peptide (1.1-4.4 ng/mL) 3.64 ng/mL Glucose (70.0 – 100 mg/dL) 83 mg/dL Total cholesterol (<200 mg/dL) 224 mg/dL LDL-c (50.0 – 130 mg/dL) 142.8 mg/dL HDL-c (60.0 -180 mg/dL) 57 mg/dL Triglycerides (50 – 150 mg/dL) 121 mg/dL TSH (0.27-4.2 µUI/mL) 2.46 µUI/mL FT4 (0.93-1.7 ng/dL) 1.06 ng/dL Cortisol (3.7-19.4 ug/dL) 15.04 ug/dL Urea (16.6-48.0 mg/dL) 19.3 mg/dL Creatinine (0.57 – 1.11 mg/dL) 0.72 mg/dL Total proteins (6.4-8.3 g/dL) 7.8 g/dL Albumin (3.5-5.0 g/dL) 4 g/dL Total bilirubin (0.2-1.20 mg/dL) 0.4 mg/dL Oxaloacetic Transaminase (5-34 U/L) 20 U/L Pyruvic Transaminase (0-55 U/L) 19 U/L Lactic Dehydrogenase (125-220 U/L) 196 U/L Gammaglutamyl transferase (9-56 U/L) 13 U/L Alkaline Phosphatase (40-150 U/L) 104 U/L Sodium (136.0-145.0 mEq/L) 137 mEq/L Potassium (3.5 – 5.1 mEq/L) 3.9 mEq/L Chlorine (98-107 mEq/L) 107 mEq/L Phosphorous (2.3- 4.7 mg/dL) 3.6 mg/dL Magnesium (1.6-2.6 mg/dL) 2.2 mg/dL Iron (50.0-170.0 µg/dL) 82 µg/dL Leukocytes (4.6-10.2 10³/µL) 8.05 10³/µL Haemoglobin (13.0-18.0 g/dL) 11.2 g/dL Mean corpuscular volume (80-97 fL) 69.5 fL Platelets (150.0-450.0 10³/µL) 420 10³/µL Neutrophils (1.5-7.0 10³/µL) 5.17 10³/µL Lymphocytes (1.0-3.7 10³/µL) 2.3 10³/µL