

Revision and Response

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Imaging diagnostic value of autoimmune pancreatitis". Those comments are all valuable and very rewarding for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made corrections, which we hope meet with approval. The main corrections in the paper and the response to the Editorial Comments and Reviewers' Comments are given as follows.

Responds to the Reviewer Comments:

1. Response to major comments (Reviewer #1): "Abstract: It is too long for a letter to editor. It should briefly summarize the case report and emphasize the additional points of the letter to the editor. Core tip: What the letter adds to the published case report and its offerings, this part must state this. Rest of the letter: The letter mostly repeats the facts of the case report. However it is expected to contain new and or additional information. Which part is additional and which part is successfully stated by the previous case report is difficult to understand. The letter should be entirely reorganized."

Response: Special thanks to you for your good comments. We reorganized and combed the content of the article. We have briefly summarized the case report and expressed our views. We would like to put forward the following five aspects of consideration. First, it is unknown whether some characteristic changes of AIP images are related to spontaneous remission of AIP patients. Second, key radiological differences between asymptomatic and symptomatic AIP patients should be summarized. Third, it is possible to

dynamically evaluate the prognosis of AIP patients through imaging. Fourth, the relationship between changes of serum indicators and the imaging performance of AIP is also interesting. Fifth, if the patients received steroid treatment according to evidence-based guidelines, the correlation between following imaging features and recurrence of AIP is not completely clear. The above five points make us put forward the research direction of AIP in the future.

2. Response to major comments (Reviewer #2): "One suggestion can be made: The authors may include figures of scan images (may be CT or some other) used for the AIP diagnosis for better understanding by the readers."

Response: Special thanks to you for your good comments. Considering the reviewer's suggestion, we have added this part according to the reviewer's suggestion, as shown in Figure 1.

3. Response to minor comment (Reviewer #3): "Some revisions are needed. The appropriated treatment > the appropriate treatment. became remission in the disease courses > became remission during the disease courses. lymphoplasmatic cell > lymphoplasmacytic cell. serum IgG4 level > levels. Abbreviations, such as CT (full name); immunoglobulin 4 (IgG4) should be listed at the first time shown in the manuscript. including: remove (:)."

Response: Special thanks to you for your comments. We have made all corrections. Please see the red contents in our revision manuscript.

To sum up, we tried our best to improve the manuscript and we had made corrections according to the reviewers' comments and editorial comments. All of changes did not affect the content and framework of the paper. We appreciate for Editors' and Reviewers' warm work earnestly, and we hope that the corrections will meet with approval.

Once again, thank you very much for editorial and reviewer's comments and suggestions.

Yours

Sincerely,

Xiao Bo

(Email: xiaoboimaging@163.com)

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Round 2

I generally liked the latest form. However the core tip needs still a summarising.

[Response: The core tip has been summarized.](#)