

Point-by-point response to reviewers' comments

Manuscript NO.: 71615

Titled: **Giant infected hepatic cyst causing exclusion pancreatitis: A case report**

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The authors report a case of pancreatitis associated with an infected giant liver cyst. The report is generally well-written and informative, and the case reported is rare and of scientific interest. Some aspects could be further clarified by the authors: in the final diagnosis section in page 6, it would be better to describe the diagnosis as "infected hepatic cyst" rather than infectious hepatic cyst; In the treatment section, the results of the CT scan could be described in further detail (pancreatic duct dilation, etc.) rather than just stated that the patient had signs of pancreatic exclusion; the aspect of the fluid at the moment of puncture and laparoscopic surgery could also be described (purulent, hematic, etc.); as pointed out by the reviewers, images of magnetic resonance cholangiopancreatography showing the morphology of the pancreatic duct could corroborate the diagnosis that the pancreatitis was due to pancreatic exclusion by the cyst (rather than associated with the infection or drug use).

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Response: Thank you for your valuable comments.

In the final diagnosis section on page 6, we changed the term "infectious hepatic cyst" to "infected hepatic cyst."

We described the following details on CT results in the treatment section: "CT showed

hepatic cyst growth, signs of pancreatic exclusion, dilation of the pancreatic duct, and increased adipose tissue density around the pancreas.”

Additionally, the term “purulent” fluid was added to this section.

Neither MRCP nor ERCP was performed. Instead, DIC-CT findings were described in the manuscript.

Since the pancreatic duct was not originally visualized on DIC-CT, its properties could not be mentioned. However, it can be shown that there is no abnormality in the common bile duct.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: First, this case is the second case report of pancreatitis occurring as organ damage associated with hepatic cyst growth. On the whole, the clinical data and laboratory examinations of the cases are complete, and the treatment process is in line with ethical requirements. In this case, the compression of the common bile duct by the exophytic cyst of the liver is one of the triggers for pancreatitis. Coupled with the poor resistance of elderly patients, incomplete drainage of liver cysts can easily induce biliary tract infection, which is another cause of pancreatitis. For this case, the first puncture and drainage of the liver cyst is not enough. Drainage should be managed. Thorough flushing after placing the drainage tube can effectively control the infection. The subsequent sclerotherapy can be performed through the drainage tube to close the cyst cavity and avoid the need for the abdominal cavity in the later period. Perform fenestration of liver cysts under the microscope. On the whole, this case is still relatively rare and has greater clinical significance.

Response: Thank you for your valuable comments.

Reviewer #2:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: This article described an 88-year-old woman with giant infected hepatic cyst causing pancreatitis. I thought this case wasn't special enough for further publishing. As we know, normally, giant hepatic cyst could increase intra-abdominal pressure and compress adjacent organs, which can make related syndrome. Second, many factors can induce pancreatitis such as infection, drugs or diet, so from this article we can't confirm pancreatitis was induced by giant hepatic cyst. Moreover, only according to a slight dilation of the main pancreatic duct at the pancreatic tail and blood amylase levels increased to 1,150 U/L on the 7th day were not enough for the diagnosis of exclusion pancreatitis. If authors could provide more imagine information for giant hepatic cyst compression leading to pancreatic duct obstruction will be better. Complete hepatobiliary pancreatic imaging could consider magnetic resonance cholangio-pancreatography(MRCP) or endoscopic retrograde cholangio-pancreatography (ERCP).

Response: Thank you for your valuable comments.

Organ exclusion by giant liver cysts is likely. However, as far as our search is concerned, this is the second case report of pancreatitis occurring as organ damage associated with hepatic cyst growth.

The patient developed back pain, and her blood amylase and lipase levels increased to 1,150 U/L and 850 U/L, respectively, which is a clinical finding of pancreatitis

However, as far as our search is concerned, this case is the second case report of pancreatitis occurring as organ damage associated with hepatic cyst growth.

She had back pain and blood amylase and lipase levels increased to 1,150 U/L and 850 U/L, respectively on Day 7. Similarly, slight pancreatic enlargement and increased adipose tissue density around the pancreas were observed on day 7. In addition,

three-dimensional drip infusion CT cholangiography showed no organic abnormalities in the hepatobiliary system (Figure 5). Accordingly, we added the findings of three-dimensional drip infusion CT cholangiography instead of MRCP or ERCP, which led to the diagnosis of exclusion pancreatitis.