

## ROUND 1

**Dear Reviewers,**

Title: Pancreatitis, Panniculitis and Polyarthritits Syndrome: A case report

**Authors:** Hannes Pichler, Thomas Stumpner, Dietmar Schiller, Martin Bischofreiter, Reinhold Ortmaier

**Institution:**

Hannes Pichler, Thomas Stumpner, Martin Bischofreiter and Reinhold Ortmaier, Department of Orthopedic Surgery, Ordensklinikum Linz Barmherzige Schwestern, Vinzenzgruppe Center of Orthopedic Excellence, Teaching Hospital, Paracelsus Medical University Salzburg, 4020 Linz, Austria

Dietmar Schiller, Department of Gastroenterology, Ordensklinikum Linz Barmherzige Schwestern, Seilerstätte 4, 4010 Linz

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

**Manuscript No:** 84692

Thank you very much for your feedback. We have revised our manuscript and hope that it fulfils the requirements for publication in the World Journal of Clinical Cases.

**Reply to editorial comments:**

**Reviewer 1 - ID 03479389:** This is a rare case report. Please present a CT image at the onset of acute pancreatitis. Please illustrate the clinical course (time of symptoms such as rash/abdominal pain, changes in CRP/amylase levels, etc.). Please make a table summarizing the patient background and treatment outcome of past PPP cases.

**Answer:** CT images at the onset of acute pancreatitis were added (Figure 6 and 7). The clinical course was better illustrated. Time of symptoms were more clearly

displayed in history of past illness and initial diagnosis and treatment. Laboratory parameters were added in laboratory examination and initial diagnosis and treatment. A table was made summarizing treatment outcome of patient with specific pharmacological treatment collecting data from 59 patients described in literature.

**Reviewer 2 – ID 05452652:** There are certain queries to be addressed 1. As the pancreatitis was identified later by almost 4 weeks, it could be due to drugs given for the skin and joint infections - Drug Induced pancreatitis. how do you differentiate? 2. What were the amylase and lipase levels? 3. Cause of pancreatitis? Triglycerides, Calcium, Parathormone levels, IgG4? 4. Alcohol and Smoking history? 5. When did the patient develop abdominal pain? Not mentioned in history of present illness. Duration between onset of symptoms and onset of abdominal pain?

**Answer:** 1. I missed out to include this very important information in the manuscript but after getting in contact with my colleague Dietmar Schiller in became very clear that the patient was known to have chronic pancreatitis and openly acknowledged ongoing heavy alcohol consumption over many years. This information was added in history of past illness. 2. Amylase and lipase levels before onset of abdominal pain as well as peak levels were added. 3. Cause of pancreatitis was as described above. Triglycerides, Calcium, Parathormone levels, IgG4 were found to be normal. This information was added in Laboratory examination and initial diagnosis and treatment. 4. Alcohol and smoking history were added in history of past illness. 5. Information for development of abdominal pain was added in history of present illness.

Thank you very much for considering our case report for publication.

Yours sincerely,

Hannes Pichler

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## ROUND 2

**Dear Reviewers,**

Title: Pancreatitis, Panniculitis and Polyarthritits Syndrome: A case report

**Authors:** Hannes Pichler, Thomas Stumpner, Dietmar Schiller, Martin Bischofreiter, Reinhold Ortmaier

**Institution:**

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**Reply to editorial comments:**

**Reviewer #2 - ID 03479389:** Please describe the severity of pancreatitis in this case (revised Atlanta criteria, APACHE II score, etc.). Please summarize the characteristics (age, sex, severity of pancreatitis, mortality, etc.) of the 59 cases of PPP reported so far in a table.

**Answer:** The severity of pancreatitis was better described using revised Atlanta criteria and APACHE II score in "further examinations" and "treatment". Age, sex, and mortality as well as many more characteristics were summarized in "discussion".

The severity of pancreatitis was not well documented in the 59 cases and therefore Betraains et. al. did also not include this information in their review.

**Reviewer #1 - ID 05452652:** Congratulations to the authors, highly appreciate your efforts for an excellent review of literature for a rare case presentation.

**Answer:** Thank you very much for your positive feedback. We highly appreciate your decision to accept our case report for publication.

Yours sincerely,

Hannes Pichler

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