

Dear Prof. Ji,

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in red in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter.

1. Demonstrate how different is this case report from the previous reports.

Answer:

Unlike previous reported cases, we report a case of acute pancreatitis caused by low doses of acetaminophen but without liver damage.

2. Enter the dose of acetaminophen used in the previous case reports

Answer:

The dose of acetaminophen used in the previous case reports has been showed in Table1.

3. Explain why MRI cholangiopancreatography is better and more sensitive than the modalities in the diagnosis of acute pancreatitis

Answer:

MRCP indicates pancreatitis by its advantage over CT or US because of its T1-weighted images with an advantage to differentiate between simple effusion and hemorrhagic necrosis of the peripancreatic fatty tissue and to depict acute pancreatic hemorrhage and its T2-weighted images with better sensibility of upper abdominal fluid collections

4. Omit the second line in the discussion or from the introduction since it is a repetition

Answer:

Repeated sentences in the discussion have been deleted.

5. Explain why women are particularly susceptible to toxicity at a lower dose

Answer:

The exact cause at this time is not clear. A single-centre study about 328 patients with acute pancreatitis from Australia revealed that drug-induced acute pancreatitis appeared to be more common in middle-aged women which blamed to the oestrogens by an unclear mechanism

6. Explain whether the frequency of acetaminophen has anything to do with causing AP

Answer:

Current understanding of drug-induced acute pancreatitis is largely based on case reports and critical reviews. No adequate evidence-based basis has been found because understanding of drug-induced acute pancreatitis is largely based on case reports and critical reviews, although 5 of 11 cases were similar to ours that patients took an excess of acetaminophen at a time.

7. Add a table of the common convention causes of AP

Answer:

The common convention causes of AP have been showed in Table2.

8. Page 6, line 11 add 's' to categories

Answer:

The grammatical mistake has been corrected.

9. Page 6, line 11 explain the basis of the classification

Answer:

Based on the weight of evidence including the presence of a rechallenge, latency, and the number of case reports, Badalov et al divided drugs into five categories

- 10. Clarify that patient used paracetamol only (not a combined drug containing other medications). There is a need for a systematic review of the data available in the as it was not previously done. I would suggest, to include a paragraph on the combined codein/paracetamol medications induced acute pancreatitis, because there are cases of paracetamol/codein and codein alone induced acute pancreatitis described in the literature.**

Answer:

Firstly, the patient denied taking other drugs. Secondly, Tylenol does not contain other suspicious drugs, such as codein that has been reported to cause pancreatitis.

This manuscript has been edited and proofread by *MedE Medical Editing Group Inc.*

We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Ya-Hong He