

## Format for ANSWERING REVIEWERS



April 5, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1553-review.doc).

**Title: Clinical significance of melatonin concentrations in predicting the severity of acute pancreatitis**

**Author:** Yin Jin, Chun-jing Lin, Le-mei Dong, Meng-jun Chen, Qiong Zhou, Jian-sheng Wu

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 1553

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) We had supplied for melatonin's protective activities such as SOD, CAT, GPx, GR, TNF $\alpha$ , IL-22 and Th22, NF- $\kappa$ B ect.

(2) Reviewer ask us "There are variations in the melatonin concentration during the day and night, serum concentrations are higher at night. Why 06.00 am is chosen to measure serum MT level?" Because the study didn't need to compared the melatonin concentration in different time .We only needed an time point to compare the AP melatonin concentration. The study of melatonin concentration is no relationship with the variations of day and night in the melatonin concentration

(3) The sentence had be rephrased and highlighted in the article

(4) We had added complete names of abbreviations when mentioned 1ST time such as: AP, MT, BISAP, SOD, GSH and CAT

(5) the Youden index had be added in the article

(6) 46% of SAP cases are due to hyperlipidemia!! This number is extremely high, what is the explanation?

Because hyperlipidemia had become one of the main reasons of acute pancreatitis. High blood lipids lead to the pancreatic microcirculation viscous, caused pancreatic microvascular thrombosis and induced pancreatitis. Acute pancreatitis patients with hyperlipidemia had fast progression of the disease. If not timely plasmapheresis actively early, it made it worse and lead to multiple organ failure. Biliary pancreatitis could relieve the obstruction and alleviated the condition by ERCP. Thus, hyperlipidemia pancreatitis lead to higher of SAP probability than biliary pancreatitis. In the article the SAP of hyperlipidemia were 46% maybe because of these reasons. Moreover, maybe there was more patients with hyperlipidemia caused SAP in that period of time.

(7) The acute pancreatitis patients, especially SAP patients were severe illness when they were hospitalized .We can not accurately weighed the patients' weight and height. because the patients usually were in bed when they were hospitalized .

(8) We had taken Endoscopic Retrograde Cholangio-Pancreatography(ERCP). Mild acute pancreatitis could often early take ercp, which could relieve the obstruction and alleviathe condition. Thus, after taken the ERCP, the acute pancreatitis were usually mild and developed SAP less.

- (9) Table 4 had be taken further clarification.
- (10) The article had be edited language by American Journal Experts
- (11) Some recent references had be used to further update the manuscript

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Peter L. Lakatos'.

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