

Format for ANSWERING REVIEWERS



April 19, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (DP-CAR WJG revise.doc).

We found the referee's comments most helpful and have revised the manuscript.

We hope that the paper in its revised form will be acceptable.

Sincerely yours,

Tatsuaki Sumiyoshi MD

Departments of Gastroenterological Surgery, Kochi Health Sciences Center

Title: Endovascular pseudoaneurysm repair after distal pancreatectomy with celiac axis resection

Author: Tatsuaki Sumiyoshi, Yasuo Shima, Yoshihiro Noda, Shingo Hosoki, Yasuhiro Hata, Takehiro Okabayashi, Akihito Kozuki, Toshio Nakamura

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2716

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

List of Revisions Made to ESPS Manuscript No. 2716

Reviewer No. 01557283

We agree excellent referee's comments. Our paper was revised according to these helpful comments.

Major comments

1. Line 122. After the stent placement, the anterograde blood flow of the CHA was confirmed. How about the portal flow after the treatment? Did not an increase of transaminase occur after the treatment?

As you mentioned, we added these sentences.

After stent placement, cessation of bleeding and anterograde hepatic artery flow were confirmed. Although the portal vein remained occluded, the maximum values of GOT and GPT only reached 119 U/L and 70 U/L, respectively, on day 5 after stent placement, and the patient recovered well without any further complications.

Underline page 7 line 6 to line 9

2. Line 135. In the Discussion, the authors describe that the arterial flow after DP-CAR is always enough for the preservation of the stomach. However, preoperative coil embolization is recommended in case of inadequate blood flow of the stomach (Hirano, et al). Did not the author perform a preoperative embolization of the common hepatic artery to avoid ischemic gastropathy after DP-CAR? The author should discuss shortly in the Discussion section about the preoperative embolization of the CHA.

As you described, we added these sentences.

A drawback of this procedure is that, sufficient blood supply from the IPDA to the liver and stomach can not always be ensured. Angiography is routinely performed before DP-CAR in our institution in order to prevent ischemia-related complications in these organs after the surgery. After balloon occlusion of both the CHA and the left gastric artery (LGA), a superior mesenteric angiogram is obtained. If the angiogram indicates insufficient blood flow of the proper hepatic artery and the right gastroepiploic artery, subsequent coil embolization of both the CHA and the LGA is performed to increase the blood flow in the IPDA and prevent ischemia-related complication after DP-CAR.

Underline page 7 line 19 to page 8 line 7

3. The authors should discuss the report of the pseudoaneurysm formation after the DP-CAR. For example, Takahashi Y, et al. reported one case (World J Surg 35: 2535-2542; 2011).

As you mentioned, we added these sentences.

Takahashi et al. ^[11] successfully treated a case of pseudoaneurysm that developed after DP-CAR using relaparotomy. In their case, as in the current case, the pseudoaneurysm emerged on the stump of the CHA, and resection of the pseudoaneurysm with ligation of the GDA were performed.

Underline page 9 line 1 to line 4

Minor comments

1. Line 52. Erosive hemorrhage due to pseudoaneurysm is life-threatening rather than pseudoaneurysm itself.

As you described, we changed “pseudoaneurysm” to “erosive hemorrhage due to pseudoaneurysm”.

2. Line 57 & 60. The abcess should be abscess.

As you mentioned, we rectified the word.

3. Line 95. The word “neoadjuvant” may be changed to “conversion” if the tumor was determined unresectable.

As you mentioned, we changed the word.

4. Although the curability was not the main point, how about the resection margin of the specimen, R0 or R1?

The resection margin of the specimen was negative for cancer.

As you described, we added a sentence as follow.

Portal venous invasion and extrapancreatic perineural invasion were also confirmed; however, the resection margin of the specimen indicated a negative result for cancer (R0).

Underline page 6 line 10 to line 11

5. Line 122. The company name of the stent is shown, but the city and country should be written.

As you mentioned, we added the city and country.