

## ANSWERING REVIEWERS

January 26, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 23510-Revised manuscript.doc).

**Title: Pancreaticoduodenal artery aneurysm associated with coeliac artery occlusion from an aortic intramural hematoma**

**Author: Akihiko Sakatani, Yoshinori Doi, Toshiaki Kitayama, Takaaki Matsuda, Yasutaka Sasai, Naohiro Nishida, Megumi Sakamoto, Naoto Uenoyama, Kazuo Kinoshita**

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

**ESPS Manuscript NO:** 23510

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

1 Format has been updated

2 Revisions have been made according to the suggestions of the reviewers and are highlighted in yellow in the text. We thank the reviewers for the complimentary remarks and many insightful and constructive comments. A point-by-point response to the Reviewers is as follows:

Reviewer1 (03324910)

The authors report the case of a 60-year old man affected by type B aortic dissection, complicated by retroperitoneal bleeding of a ruptured PDA aneurysm. This is an interesting report. I have the following key requests for the authors.

1) The authors defy this case as a type B aortic dissection (AD), but the images appear more likely that of a spontaneous intramural aortic hematoma (IMH), since blood flow in a false lumen and/or an intimal flap is not visible. May this have been a chronic type B AD with extensive thrombosis presenting with an acute complication? Please define clearly if this was presumably a chronic type B AD, an acute type B AD or an acute IMH. Images and definition should be revised accordingly. If the final aortic diagnosis was not clear, this should also be clearly discussed.

*Response: As the reviewer indicated, acute IMH is the most appropriate diagnosis in this case based on the images and history. In accordance with the reviewer's comments, we revised the title of this case report and added a new image (Figure 1a) and a description to explain the reason why we made the diagnosis of acute IMH in the 'case' section. (Page 5, Lines 13–21; Page 6, Lines 1)*

2) More information is needed on symptom onset: time from primary onset to presentation to first Emergency Department, D-dimer levels if available at any time, presence of nausea/vomit or other symptoms of visceral ischemia. Was chest/abdomen CT the first imaging exam used in this patient. If not, please briefly present results of the other imaging exams. An Aortic Dissection Detection (ADD) risk score classification of the patient should be presented.

*Response: We agree with the reviewer's comment that more detail was required in the case description. In line with the reviewer's suggestion, the "case" section was revised to add further information about the time course,*

*symptoms and other imaging exams. (Page 5, Lines 13–21; Page 6, Lines 5–12)*

3) - The authors should provide more information on the cardiovascular and aortic risk profile of the patient, including known aortic dilatation, familial history of aortic dissection, drug abuse, presumed/confirmed connective tissue disorders. Also previous abdominal surgery may be an issue.

*Response: This patient does not have a previous history of any cardiovascular disorder, connective tissue disorders, chest injury or a familial history of aortic dissection. This information has now been added to the 'case' section (Page 5; Lines 13–16).*

4) Did the patient receive any drug affecting coagulation from pre-hospital to hospital care which may have favored bleeding?

*Response: We agree with the reviewer that information regarding the patient's drug history is highly relevant to this report. This patient was not administered any drug that would have affected coagulation from pre-hospital to hospital care. Additionally, this information was added to the 'case' section (Page 6; Lines 5–7).*

Reviewer2 (02577402)

- This is a well-written case report on a pancreaticoduodenal artery aneurysm associated with coeliac artery occlusion from an aortic dissection. In the legends of the figure, please give the full phrase of the appreciation of PDA.

*Response: In line with this suggestion, the figure legends have been revised.*

3 References and typesetting were corrected

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

Sincerely yours,



Akihiko Sakatani, MD  
Department of Gastroenterology and Hepatology,  
Osaka University Graduate School of Medicine  
2-2 Yamadaoka, Suita, Osaka  
565-0871, Japan.  
Telephone: +81-6-68793621  
Fax: +81-6-68793629  
E-mail: akihiko-sakatani@umin.net