Author's response to reviews

Title: A retrospective study of acute pancreatitis in patients with hemorrhagic fever with renal syndrome

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Author's response to reviews: see over
Dear Dr. Kochhar:

We would like to express our sincere gratitude to your for their constructive and positive comments. We have revised the paper accordingly, and would like to re-submit it for your further consideration. We have addressed each of your comments raised, and the amendments are highlighted in red in the revised manuscript. This manuscript has again been edited and proofread by Medjaden Bioscience Limited.

Specific Comments

1. The authors should discuss this fact (normal enzymes) in their discussion.
   We have addressed this issue in the Discussion section.
   For the two cases we reported, the pancreatic enzymes were normal or slightly increased at the beginning of the study, but after several days both patients showed significantly enhanced pancreatic enzyme levels. These values have been highlighted by red font in the revised manuscript for your convenience. Based on this observation in the two cases, we recommend that treating clinicians consider monitoring the levels of pancreatic enzymes in such patients with abdominal pain.

2. They also need to suggest the possible pathogenesis of acute pancreatitis in the viral hemorrhagic fever.

   We have addressed this issue in the Discussion section.
   During the infection, the patient’s capillaries become engorged and focal hemorrhages develop; ultimately, the systemic expansion of capillary leakage leads to retroperitoneal edema, which may affect the pancreas[2]. Interestingly, the pancreas appeared unremarkable upon gross examination but microscopic examination revealed mild interstitial hemorrhaging and vascular congestion[5]. These are the possible pathogenic mechanisms of acute pancreatitis in HFRS.

3. And discuss why should occurrence of pancreatitis in their patients be linked to Hanta virus.
We have addressed this issue in the Discussion section, adding the following passage:
It was not until the patient developed facial flushing, conjunctival injection and polyuria that the conditions of high fever, thrombocytopenia and acute renal insufficiency were considered with more emphasis and the patient was properly diagnosed with HFRS complicated with AP. All six patients experienced hemorrhage and thrombocytopenia during the disease course, which is a distinguishing feature from general acute pancreatitis.

4. The conclusion of "In addition, when HFRS patients present with abdominal pain, pancreatic enzyme levels should be detected and imaging analyses should be conducted to assess the function and morphology of the pancreas to detect the complications of AP" needs to be modified because one cannot say that all patients of abdominal pain (65%) with Hanta virus infection should have a CT scan.

We apologize for the confusion. This was not our conclusion, and was instead a conclusion made by others from their study’s results (as referenced). We have clarified the reference for this passage.

5. And they should also discuss the implications of diagnosing AP in the hemorrhagic fever patients

We have addressed this issue in the Discussion section.

Based on our study’s results, we suggest that pancreatic enzymes should be monitored in HFRS patients with abdominal pain, especially in those patients with constant upper abdominal pain radiating to the back.