Author's response to reviews

Title: Chronic Pancreatitis of the Pancreatic Remnant is an Independent Risk Factor for Pancreatic Fistula after Distal Pancreatectomy

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

Dear Editors,

Please find attached our revised version of the manuscript “Chronic Pancreatitis of the Pancreatic Remnant is an Independent Risk Factor for Pancreatic Fistula after Distal Pancreatectomy” (MS: 2149412901007489)

Thank you very much for the review and the helpful corrections raised by the reviewer. We appreciate the opportunity to re-submit our manuscript. In the following we provide an answer to every item raised by the reviewer (corrections in the manuscript are marked in yellow):

Response to reviewer (Thilo Hackert)

Reviewer’s report:
Some revisions have been included in the manuscript. Still, the photographs, even though they might be nice, are not necessary. In the discussion, the authors state that anastomosis on the pancreatic stump could be the safest closure technique. This is absolutely speculative as no valid study has ever proven this concept. Furthermore, the results of the DISPACT trial are not discussed correctly. When the authors refer to their study regarding clinically relevant POPF, they should compare these results with DISPACT POPF B/C rates. In the DISPACT trial these were 20-21% in either group which is absolutely equivalent with the results from Dresden. The overall POPF rate of 44%, however is higher than the overall rate from DISPACT. This needs to be corrected in the discussion. Therefore, the final conclusion that hand-sewn stump closure has improved POPF rate remains obscure as no other technique has been used in the entire series of patients and the POPF rate is acceptable, but not extraordinarily low.

Dresden, 15.07.2014
A: Thank you very much for the helpful comments. We especially appreciate the hint on the results of the DISPACT trial. We are very sorry for the misinterpretation of the trial. We have revised the data, the discussion section and the conclusion of the manuscript following the reviewer’s comments (p. 2 and pp. 7-8).

We completely agree with the reviewer that figure 1 is not necessary, but nice. We therefore leave it to the discretion of the editor whether to include it to illustrate the surgical technique or to omit it.

We thank the reviewer for his helpful comments and hope the manuscript might now be suitable for publication in “BMC Surgery”.

Thank you very much
Yours sincerely,

Marius Distler