Reviewer’s report

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

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Reviewer: Thilo Hackert

Reviewer’s report:

1) The conclusion of chronic pancreatitis in the resected tissue is a risk for POPF is confusing. Only 9 patients were operated on because of CP. Did the other patients show CP in the resection margin as a side diagnosis, was this seen around the removed lesion in the histopathological workup or was the remnant CP diagnosis based on clinical or imaging criteria which would substantially change the indication distribution in the collective?

2) If the authors hypothetize that stenosis of the pancreatic duct in the head is the reason for closure failure, this raises the question if duct diameter was documented and could be evaluated statistically and – more important – if the indication for distal pancreatectomy was correct.

3) Why did the authors not include commonly known risk factors for POPF after distal pancreatectomy? I would have expected age, operation time, blood loss and multivisceral resections as important items of the multivariate analysis.

4) What criteria were chosen to define chronic pancreatitis as an item to be investigated as a risk factor? The author should comment on this. How about IPMN or cystic lesions to investigate in the risk analysis? A soft pancreatic tissue might be a risk factor as well.

5) Table 2 can be omitted as the POPF definition is generally known.

6) The colour figures are nice but unnecessary as the hand-sewn closure method is not a new surgical technique to be introduced.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests