Author's response to reviews

Title: Mediastinal pancreatic pseudocyst with isolated thoracic symptoms: a case report

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Author's response to reviews: see over
Dear Sir or Madam,

Please find attached the revised form of the manuscript "Mediastinal pancreatic pseudocyst with isolated thoracic symptoms: a case report". I apologize for the incompleteness of the last revised version.

Reviewers comments, answers

*Chronic pancreatitis is not mentioned in this section. Please make change.*

"with a history of chronic pancreatitis" added to abstract/case report

"it is not true that in mediastinal pancreatic pseudocysts patients present with acute exacerbation of pancreatitis."

Abstract/Conclusion changed to “Mediastinal pancreatic pseudocysts are a rare complication of chronic pancreatitis. These pseudocysts may lead to isolated thoracic symptoms. For accurate diagnostic and therapy planning, a multimodal imaging approach is necessary.”

*The authors have added relevant laboratory findings. I suggest to write the values of amylase and lipase levels in cystic fluid (line 7 and 8) after imaging studies actually after CT scan or MR because I suppose the puncture and determination of cystic fluid was done after CT or MR examination.*

“Analysis of the cystic fluid demonstrated high levels of amylase (8678 IU/l) and of lipase (37953 IU/l).” shifted to description of the surgical procedure.

*Generally pseudocysts in chronic pancreatitis most often are found in the absence of a recent attack of acute pancreatitis. They may develop after an episode of acute attack but more often they appear insidiously.*

Case report/Conclusion changed to “They may appear in the setting of acute exacerbation of an underlying chronic pancreatitis, but more often present with unspecific symptoms including dyspnea and dysphagia.”
Thank you very much for considering our case report for publication. The suggestions of Prof. Stipancic are very much appreciated.

Kind regards,
Robert Drescher