Author's response to reviews

Title: Robot-assisted pancreatoduodenectomy with preservation of vascular supply for autologous islet cell isolation and transplantation: a case report

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Author's response to reviews: see over
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Dear Journal of Medical Case Reports Editorial Board,

Please find our revised manuscript entitled “Robot-assisted pancreateoduodenectomy with preservation of vascular supply for autologous islet cell isolation and transplantation: a case report.” As stated previously in our Letter to the Editor, the information presented in this manuscript is original and has not been published elsewhere.

We appreciate the insightful comments from the reviewer team, to enhance our original manuscript. We have addressed their concerns point-by-point below, integrating new information and modifying areas of concern in accordance with the reviewers’ requests. In addition, we have made the suggested editorial changes to the manuscript. All changes have been highlighted using “tracked changes” in our re-submitted manuscript.

**Reviewer 1:**
In the first sentence of the Introduction section, we have replaced CP with “Chronic Pancreatitis (CP).”

**Reviewer 2:**
In the first sentence of the Introduction section, we have replaced CP with “Chronic Pancreatitis (CP).”

**Reviewer 3:**
1. We agree with the reviewer that the etiology of the CP was most likely alcohol related, though the initial episode of pancreatitis started after ERCP for choledocholithiasis, as described in the case presentation. The patient underwent an extensive work-up including multiple ERCPs and endoscopic ultrasound, which did not show any mass or cystic lesion. Therefore, neither brush cytology nor biopsy was performed. We added to the case presentation the likely link between her alcohol abuse and the development of CP.

2. Given the young age of the patient we gave priority to surgical therapy to avoid additional endoscopic procedures. The patient had undergone previous sphincterotomy, which did not prevent the development of CP. In discussing with the patient the various therapeutic options, the patient opted for a robotic Whipple procedure. This additional information was added to the manuscript.

3. In regard to the endoscopic ultrasound findings, the pancreatic duct measured 2.5 mm, and the ventral duct was disconnected from the bile duct, suggesting a strictured area. In addition, the ultrasound showed a heterogeneous parenchyma. According to the Cambridge Classification, this would correspond to findings of mild pancreatitis. This information was added to the manuscript. There were no abnormal branches of the main pancreatic duct visualized on the endoscopic ultrasound.

4. We chose the described procedure over a Puestow or similar drainage operation because of its higher chances to achieve good and lasting pain relief, as well as to maximally preserve the functional islet mass on the long term. Given the word...
limitation, discussing this aspect may be beyond the scope of the manuscript. If the editors allow, we would certainly like to include such a discussion.

5. We agree with the reviewer that adding the autologous islet transplant always carries the potential risk of dissemination of malignant pancreatic cells. However, we have never made such an observation in patients undergoing the described preoperative work-up in over 15 years of surgical practice. The argument for adding the islet transplant is the unpredictability of the fate of the pancreatic remnant in patients with CP. Though the islet transplant may not be necessary early, ongoing CP may over time reduce the functional islet mass. In our own experience, without autologous islet transplantation, the vast majority of patients with CP will develop diabetes, regardless of the type of surgical procedure offered. This was discussed in the introduction to the manuscript. In order to preserve the pancreatic tissue for the islet isolation procedure, we did not perform histology. Unfortunately, the patient was lost to follow-up, and despite our repeated efforts to locate the patient, we do not have any further information. Given the good islet mass infused and the presence of the pancreatic remnant, we can expect her to remain insulin-independent.

Reviewer 4:
In the first sentence of the Introduction section, we have replaced CP with “Chronic Pancreatitis (CP).”

In addition, we have made the suggested editorial changes to the manuscript. As requested by the Editorial Team, we have removed the subheadings found under the case presentation section in our original manuscript. We have checked to ensure that our revised manuscript conforms to the journal style, in accordance with the requested format.

Thank you for providing us with the opportunity to revise this manuscript. We look forward to hearing back from the Editorial Board at *Journal of Medical Case Reports*.

Sincerely,

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