Author’s response to reviews

Title: Adenoma of Vater Ampulla. A case report study

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Author’s response to reviews: see over
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The Central Editorial Team

Object: MS: 8147576001144187 Title: Adenoma of Vater Ampulla. A case report study, Dr. Konstantinos Alexiou et al

Thank you for consideration of our manuscript for publication in your journal.
We have reviewed the above manuscript according to your reviewer’s comments.

**Editor’s points**

1. **I was unable to find the final histology of the tumour.**

   The final histological examination verified the biopsies from the gastroscopy. More specifically, the specimen excisioned consisted of mucosal and submucosal regions of the duodenum which showed papillary adenoma with high grade dysplasia, with elements of non-specific inflammation and local corrosions (Figure 4).

2. **In the presence of high grade dysplasia on biopsy along with peripancreatic nodes on imaging, would this method be recommended**

   Studying again carefully the CT scan analysis found the absences of enlarged lymph nodes therefore were demonstrat ed the relevant corrections.

3. **The article needs to be revised in terms of language/grammatical errors.**

   Done

**Reviewer #1 (Dr Bogdan Gaspar)**

1. **It is not very clear-the patient has a pacemaker,a MRI was not done,but in the next paragraph appears a MRCP?**

   Due to the patient’s pacemaker MRI & MRCP could not be done. For further mass determination we choose CT scan analysis and ERCP.

2. **The patient has an ERCP and an endoscopic ultrasonography?**

   Ultrasonography of the abdomen demonstrated during the entrance of the patient at the ER department. ERCP was conducted through the Vater Ampulla.
3. The results are briefly presented-number of days of hospitalization, the length of the surgical procedure, blood loss

Done. The length of the procedure was 2 hours and 13 minutes and the estimated blood loss was approximately 280ml.

4. Some more details about the surgical technique.

Done

5. The discussions-the part with the history of these tumors and their treatment has the place in the introduction. The discussions are used to present the literature reported specifically to this case.

Endoscopic ampullectomy has been tried in some progressive institutions; further research comparing those two methods needs to be carried out in order for one of them to become the selective therapy. According to these we demonstrated a brief review and comparison between two techniques (duodenopancreatectomy and duodenal local excision) based on the recent studies. Furthermore, if we would like to suggest us study or studies would like to be considered we would be grateful.

6. The conclusions are the general ideas of the literature. They have to be the conclusions for this case.

Done

Reviewer # 2 (Dr Seiki Miura)

Major points

1. Why did authors perform gastrointestinal anastomosis after transduodenal local excision of Vater ampulla?.

The gastrointestinal anastomosis was conducted in order to reduce the inner pressure at the duodenum.

2. Why did authors use Kehr tube to decrease the pressure of the bile duct? ERBD tube could be used directly through vater ampulla?

In our clinic we used to place Kehr tube in surgical operations. This type of tube was placed in the common bile duct through the incision we used for the exploration.

3. Authors state that MRI couldn’t be done because of the pacemaker attachment to the patient. But why was MRCP performed?

Due to the patient’s pacemaker MRI & MRCP could not be done. For further mass determination we choose CT scan analysis.

4. Should lymph node dissection be perfomed, because CT showed lymphadnopathy.
Studying again carefully the CT scan analysis found the absences of enlarged lymph nodes (lymphadenopathy) therefore were demonstrated the relevant corrections.

Major points

1. Page 2 line 7 duodenopancreatctomy surgery # duodenopancreatctomy
   Done

2. Page 2 line 13 icterus # icterus,
   Done

3. Page 2 line 20 sphinteroplasty # sphincteroplasty
   Done

4. Page 3 line 1 cause of mecaicalobstruction # I cannot understand what authors mean
   Done

5. Page 3 line 8 The adenoma discovered # The adenoma was discovered
   Done

6. Page 3 line 10 without vomiting and vomiting
   Done

7. Page 3 line 17 please show the normal range of creatinin kinase
   Done

8. Page3 line 16 CRP elevated, was there any inflammation (bile duct or pancreas)? Please show WBC count.
   Done

9. Page3 line 18 If possible, please show the value of CEA.
   Done

10. Page3 line 23 it coule be done MRI analyses # MRI analyses could not be done
    Done

11. Page 3 line 23 adenoma determined #adenoma was determined
    Done

12. Figure 2 which is adenoma and which is lymphadenopathy? Please show using allow and allowhead. And please show what phase of this CT?
Studying again carefully the CT scan analysis found the absence of enlarged lymph nodes (lymphadenopathy) therefore was demonstrated the relevant corrections so the allow demonstrate the adenoma in each picture’s version.

13. Page 3 line29 Also observed calcified construct dimension 1cm # Also calcified construct was observed of which diameter is 1cm.

Done

14. Page 3 line32 significant dilatation biliary tree #significant dilatation of the biliary tree

Done

15. Figure 3 It is difficult to detect the pancreatic duct in figure3, please indicate it with allow, and what was the diameter of the pancreatic duct before surgery?

We didn’t measure the diameter of the pancreatic duct before surgery so according to that we could not refer the estimated diameter. We detect the pancreatic duct in figure3 with allow.

16. Figure legend, Figure4 amuula#ampulla

Done

General Comments

1. Please include the correct email addresses of co-authors Dr. Nikolaos Economou and Dr. Athanasios Fotopoulos.

Done

2. Please reposition the Keywords section after the Abstract section.

Done

3. Please remove the patient’s details, hospital name and dates of confinement in the figure files, as this may jeopardize the anonymity of the patient.

Done

4. After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

Done