Author’s response to reviews

Title: Intraductal papillary mucinous carcinoma of the pancreas associated with pancreas divisum: a case report and review of the literature

Authors:

   Takeshi Nishi (nishiken1027@gmail.com)
   Yasunari Kawabata (batayan5@med.shimane-u.ac.jp)
   Noriyoshi Ishikawa (kanatomo@med.shimane-u.ac.jp)
   Asuka Araki (asuka@med.shimane-u.ac.jp)
   Seiji Yano (yano@med.shimane-u.ac.jp)
   Riruke Maruyama (hm5995@med.shimane-u.ac.jp)
   Yoshitsugu Tajima (ytajima@med.shimane-u.ac.jp)

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Author’s response to reviews: see over
Re: MS:4959736901610896

Title:
Intraductal papillary mucinous carcinoma of the pancreas associated with pancreas divisum: a case report and review of the literature

Authors:
Takeshi Nishi et al.

To the Editor,

Please find our revised manuscript, together with our responses to the comments of the reviewers. We greatly appreciate all the comments and have revised this manuscript based on the suggestions sent to us. We are sending the revised manuscript, in which the revised sections are underlined. We hope that our paper can again be considered for publication in *BMC gastroenterology*.

Yours sincerely,

Takeshi Nishi
Department of Surgery
Matsue Red Cross Hospital
200 Horo-machi, Matsue
Shimane 6938501, Japan
Tel: +81 852 24 2111
E-mail: nishiken1027@gmail.com
Response to the comments of reviewer#1:

1. Minor Correction: CT chest should be read as CT Abdomen in Line No 17 (Highlighted in the article)

   Answer: The wording was corrected (page 6, Line 1).

Response to the comments of reviewer#2:

1. There is a significant overlap of reviewed cases with a previous publication from Italy (Zippi and Quarto, J Gastroint Dig Syst 2014, 4:171 available online at http://dx.doi.org/10.4172/2161-069X.1000171). The current submission has 12 of the cases in Table 1 mentioned in a table in the earlier publication (omitting 1). It may be preferable to allude to this publication and tabulate only the 2 fresh cases added in this submission.

   Answer: As you pointed it out, there is a significant overlap of reviewed cases with a previous publication from Italy (Zippi and Quarto, J Gastroint Dig Syst 2014, 4:171) and we have presented the article in the Discussion section (p.9, line 16-17). IPMNs with pancreas divisum are very rare and, thus, it is very important to elucidate all the previously reported cases. Therefore, we would like to tabulate all cases of IPMNs with pancreas divisum in Table 1.

2. The diagnosis of Pancreas divisum has been established in the reported case by ERCP. However since there is a coexistent tumour (IPMN here), it is possible that it is incomplete divisum and the connection with main pancreatic duct has been obscured by tumour obstruction. It may not be the case - but the possibility should be alluded to.

   Answer: Thank you very much for your comment. We added comments on
this matter to the Discussion section (page 9, line 13-15).

3. Color images may be preferable especially in the pathology and endoscopy images.

   Answer: We used color images in Figures 4, 6 and 7.