Author’s response to reviews

Title: Endovascular management of hemosuccus pancreaticus, a rare case report of gastrointestinal bleeding

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Author’s response to reviews:

Dear Editor, BMC Gastroenterology

Thank you very much for forwarding reviewer’s comments to our manuscript BMGE-D-15-00031. (“Endovascular management of hemosuccus pancreaticus, a rare case report of gastrointestinal bleeding”). We really appreciate reviewer’s careful and keen comments to improve the quality of our manuscript. In the revised manuscript, we did our best to clarify the unclear points the reviewers indicated.

The followings are point-by-point answers to reviewer’s specific comments and questions.

The modifications in the revised manuscript are written in red.

We hope you find the revised manuscript suitable for BMC Gastroenterology.

With best regards,

Sincerely yours,

Hyun Woong Lee M.D.

Department of Internal Medicine, Chung-Ang University College of Medicine,
Reviewer 1 Comments:

Article is well written, focusing on interventional management of hemosuccus pancreaticus.

[Comment 1]

Authors have used stent graft, to cover the pseudoaneurysm arising from splenic artery. But in many places accessibility to stent grafts in an emergency situation may not be possible.

It would be helpful if the authors discuss the alternate modes of treatment other than surgery. e.g. EUS guided thrombin injection or coiling of the segment of splenic artery or use of glue to fill the sac of pseudoaneurysm so that pseudoaneurysm sac is isolated from the main artery.

[Response 1] →

We really appreciate reviewer’s careful and keen comments. According to the referee’s comment, we revised this manuscript. This sentence was described in the revised manuscript. The modifications in the revised manuscript are written in red in Discussion.

In other words, accessibility to stent grafts in an emergency situation may not be possible. The alternate modes of treatment other than surgery (e.g. EUS guided thrombin injection or coiling of the segment of splenic artery or use of glue to fill the sac of pseudoaneurysm) would be also helpful.

[Comment 2]

Also, discuss the technical details of stent graft placement, since it is not a commonly done procedure for the visceral artery pseudoaneurysms.

[Response 2] →

The modifications in the revised manuscript are written in red in Case presentation.
Under local anesthesia and conscious sedation, by catheterization through the right groin, a catheter was positioned in the proximal part of the abdominal aorta.

Through the 8-F Mach 1 guide catheter over the stiff-type, 0.035-inch, 260-cm Radifocus Terumo guidewire (Terumo), the stent-graft was inserted to the SAA and deployed by inflating the balloon.

Reviewer 2 Comments:

[Comment 1]
Interesting case report of hemosuccus pancreaticus treated with a peripheral stent.

The author presumes the cause as chronic pancreatitis although the patient has no evidence of that. The authors should have discussed other causes of aneurysm of visceral artery and presented in the manuscript.

[Response 1] →
We really appreciate the referee’s comment.

The modifications in the revised manuscript are written in red in Discussion.

Thus, pancreatic enzyme may erode pancreatic parenchyma and cross tissue boundaries, resulting in connection with adjacent aneurysm.

Other uncommon causes of the splenic arterial aneurysm are fibromuscular dysplasia, segmental arterial mediolysis and systemic vasculitis. However, there were no clinical or laboratory findings suggestive of vascular disease.

[Comment 2]
Placement of a peripheral stent has the benefits of preserving the flow to spleen, nevertheless it would have been appropriate if discussion on embolisation of splenic artery and the results of its outcome in terms of complications had been presented.

[Response 2] →
In accordance with the reviewer’s comment, the followings are modified sentences in the revised manuscript.

Although the embolization of splenic artery is also effective technology, spleen abscess or septic complication would be developed.

[Comment 3]
What are the limitations of placing a stent - in terms of size of aneurysm, location etc?
In accordance with the reviewer’s comment, we clarified the limitation in the revised manuscript.

Nevertheless, stent graft of aneurysms should be avoided in these cases. (1) vessel tortuosity, (2) small caliber size, (3) proximal and distal neck size mismatch.

Follow up CT scan pictures as mentioned in the manuscript should be added.

We agree with the reviewer’s comment. We added follow-up angiography CT scan in the manuscript and figure 2C.

On a contrast-enhanced abdominal angiography CT scan obtained 10 days after the procedure, the SAA was completely excluded, but the affected artery and spleen were preserved (Figure 2C).

Minor issue - Spelling of reference - Sandblom on page 3 line 6 needs to be corrected.

In accordance with the reviewer’s comment, the followings are modified sentences in the revised manuscript. Thank you for your kindness.

Hemosuccus pancreaticus (HP) was proposed by Sandblom in 1970, and hemoductal pancreatitis by Longmire and Rose in 1973.