Author’s response to reviews

Title: A case of ectopic pancreas in the ileum presenting as obscure gastrointestinal bleeding and abdominal pain

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Response letter

Thank you for your time and comments, all corrections to the manuscript are made using track changes.

Editor Comments:

1) Please remove the figure titles and figure legends from the Case Presentation section.

Figure titles and legends have been removed (Case Presentation, lines 18-31; 29-30;40, page 4).

Reviewer reports:

Aswini Kumar Pujahari (Reviewer 1):

1."(also referred to as heterotopic pancreas, pancreatic heterotopia, accessory pancreas, aberrant pancreas, or pancreatic rest)" is repeated both in abstract and the main text. The same can be omitted from the abstract to make the crisp and abstract like.

As it was recommended, synonyms of ectopic pancreas have been removed from the abstract (Abstract, lines 15-16, page 2)
2. Line 20 "low hemoglobin level, i.e. 109 g/L (10.9 g/dL)" can be omitted. Just 10.9 g/dL will suffice.

10. Line 40 Haemoglobin in L or dL as mentioned point two. However, I do not have any serious objection.

Hemoglobin measurement in g/L has been omitted (Abstract, lines 23-24, page 2 and Case Presentation, line 40, page 3).

3. Line 23 "Large" must be followed by its size, it could have been measured and written the size with the marking at least in one image.

11. The polyp size is changing in size. MRI, Enteroscopy and biopsy specimen. So MR measured size will be better and other part of the text only polyp is suggested.

We removed all the measurements of polyp size in the manuscript, barring MRI. Furthermore, we added measurement of polyp size in MRI image B (Case Presentation, lines 23-24; 31, page 4, and Abstract, line 27, page 2; figure 1, image B; figure legends, page 13, B image description, lines 16-17).

Also, we added MRI measurement of polyp size next to word "large" in abstract, as recommended (Abstract, line 26, page 2).

4. Line 27 "involving muscular layer". Which muscle layer, muscularis mucosae, circular or longitudinal needs to be mentioned and same to be marked on histological image. When the post polypectomy image is not in consonance with the description.

5. Page 27-28- Only one arrow in the image two picture low and high power microscopic view. The muscle layer in a pedunculated polyp where is nor marked on histology

Ectopic tissue involved longitudinal muscle layer of ileum (recommended information added at case presentation section, page 4, line 33). Also, histology images were replaced with the new ones (images A, B, C) and in image C longitudinal and circular muscle layers were marked (Fig.3, previous images were replaced by A, B, C images and new figure legend for Fig. 3 was composed, page 13, lines 21-23).

6. Conclusion. Same as last conclusion- abstract conclusion can be short.

We shortened conclusions in abstract section, putting the highlight on symptoms and unexpected finding (Abstract, lines 34-35, page 2).

8. Line 17-- Suggested "recurrent" to obscured GI bleed to be added.

Word “recurrent” added, as recommended (Background, line 21, page 3).
9. Line 37- He had pain at left upper abdominal pain but the lesion is located at right lower part on MR study. The authors have no explained the diagonally opposite finding. Needs explanation. A mention no lump was palpable will be appropriate.

We added “no lump was palpable”, as recommended (Case presentation, line 38, page 3).

Our possible explanation and thoughts on pain at left upper abdominal quadrant and lesion location at right lower part on MR study (Discussion section, pages 5-6, lines 50(page 5)-23(page 6))

12. Page-4 --20 CC adrenalin saline injected. Looks a large volume for small bowel. The image B is not showing the same. Please reconcile.

13. Images are the brain and heart of case reports. Enteroscopic view are the real images in this case,. The author should have given few more images. At least one more view showing the pedicle with the endo-loop have been most appropriate.

Due to massive hemorrhage from the remnant of pedicle after polypectomy indeed 20 ml dilution of adrenaline (1/10.000) was injected into the bleeding area and only after this amount of adrenaline dilution injection bleeding was finally controlled.

Image B has been replaced with image C, where we can see remnant of pedicle after polypectomy and dilution of adrenaline injection. Furthermore, we added two more images where we can see ulceration of the polyp (B.1-2). (Fig. 2, B image replaced by B.1-2, C image added; Figure legends, lines 19-20, page 13)

14. Discussion- It is written well. Two aspect needed high light. One the location of ectopic pancreatic tissue in terms of which layer of the small bowel. And the second is the ectopic pancreas tissue and bleeding.

Discussion section was enriched by information about ectopic pancreas localization regarding histological layers and we also highlighted histological localization of ectopic pancreas in our case (Discussion section, page 5, lines 12-17)

Furthermore, case report was enriched by information about obscure bleeding and bleeding as ectopic pancreas presenting symptom (Discussion section, page 6, lines 25-31; and page 7, lines 36-38;41)

15. References- They are not uniform.

Ref 3- is shown as the link. But actually it should have been like given as below-

Jianfeng Yang (Reviewer 2):

• The authors describe a case of ectopic pancreas in the ileum presenting as obscure gastrointestinal bleeding and episodes of abdominal pain. The case is interesting, however, it's not the first one to report the association between gastrointestinal bleeding and ectopic pancreas located in the ileum.

It is true that our case is not the first one to report about obscure GI bleeding and ectopic pancreas in the ileum, however this case is unique, because ileum lesion was pedunculated polyp (usually a submucosal tumor in other case reports), which was visualized by the means of MR enterography (in other cases by capsule endoscopy) and removed during enteroscopy (in all the other case reports we analyzed small bowel lesion was removed surgically). In addition, ectopic pancreas in ileum is a very rare entity, there are only few case reports written and, in our opinion, it is good practice for physicians to be reminded about other possibilities of bleeding sources in the small bowel.

• In abstract "59-year-old man had 9 months history of intermittent melena", but in case presentation "A 59-year-old man had 3 months history of intermittent melena", please clarify.

We apologize for our mistake. Patient’s history has been revised: episodes of melena occurred 3 months prior admission, as we also showed in the supplementary material “Relevant history of the patient organized into a timeline”. Patient’s history corrected (Abstract, page 2, line 21).

• There are some spelling and grammatical mistakes in the manuscript, which needs correction.

The manuscript was reviewed by physician who is fluent in English. Some mistakes were corrected (-> “track changes”).

• The title is not very suitable for this case, its scope is too broad and not attractive.

We narrowed the scope of the manuscript title and, in our opinion, the most suitable title would be:
“A case of ectopic pancreas in the ileum presenting as obscure gastrointestinal bleeding and abdominal pain” (Manuscript title, page 1, lines 12-13).
However, we also suggest several more titles, if the one we chosen is not suitable:

"A case of ectopic pancreas bleeding in the ileum"

"Enteroscopic removal of ileal ectopic pancreas presenting as obscure gastrointestinal bleeding"

• There are several case reports about obscure gastrointestinal bleeding caused by ectopic pancreas, such as Korean J Gastroenterol. 2013; 62(3):165-8., Quant Imaging Med Surg.2015; 5(5):783-6. and Clin Endosc. 2012; 45(3):194-7. These studies should be summarized and presented in the Discussion section.

Recommended case reports were summarized and presented in discussion section (Discussion, page 7, lines 49-53, page 8, lines 12-14).

• Discussion should be enriched by discussing clinical presentation, investigations, treatment, prognosis and complications as available in the literature about ectopic pancreas.

Discussion section has been enriched as recommended (Discussion section, page 5, lines 26-42; page 6-7, lines 35(page 6)-26(page 7); page 8, lines 16-32).