Author’s response to reviews

Title: A rare case of central pancreatectomy for isolated complete pancreatic neck transection trauma

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Author’s response to reviews:

Dear Editor and Reviewers:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled: “A rare case of central pancreatectomy for isolated complete pancreatic neck transection trauma” (BSUR-D-19-00255). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. We submit here the revised manuscript as well as a list of changes. Revised portion are marked in red in the paper. If you have any question about this paper, please don’t hesitate to let me know.

Sincerely yours,

Dr. Ke
The main corrections in the paper and the responds to the reviewer’s comments are as following:

Responds to the reviewer’s comments:

Reviewer 1:
Comment 1: Author haven't mentioned any data regarding the patients haemodynamics or whether he is stable or not.
   Response: The patient's vital signs were stable at admission. In the case presentation section, the statements of “The patient physical examination revealed marked tenderness and rebound pain throughout the abdomen and past medical and family histories were unremarkable” were corrected as “The patient's vital signs were stable, and a physical examination revealed marked tenderness and rebound pain throughout the abdomen.”

Comment 2: Author mentioned that the patient was presented with abdominal pain for 1 day. Was he admitted at the hospital? what was the management during this day? why did they waited for 1 day until they performed the CT? please elaborate. Also, please mention what was the FAST scan revealed during the admission.
   Response: We are very sorry for our negligence of this problem. The patient with mild abdominal pain and showed no apparent abnormality in the initial abdominal computed tomography (CT) was brought to the local hospital’s emergency department due to a traffic accident. The patient’s abdominal pain became progressively worse during observation in the hospital that led to the patient being referred to our hospital and 24 hours have passed.

Comment 3: Another important issue is the operative time, it is well known that central pancreatectomy is more time consuming than distal pancreatectomy; in trauma patients where time is of the essence, this could be an unwise decision of a procedure if the patient is unstable or critical, It has been previously studied by Mise et al 2014, where they compared distal pancreatectomy to central pancreatectomy in treatment of blunt trauma, and they stated that central pancreatectomy is more time consuming with a median of 100 minutes more than distal pancreatectomy.
   Response: We had a operative time of 200 minutes, which is slightly longer than the 188 min of DP surgery reported by Mise et al. They also studied that CP is feasible for blunt pancreatic trauma in hemodynamically stable patients. In our case, the patient's vital signs were stable, so we decide to give the patient CP.
Comment 4: the surgeon experience is of utmost importance in the technical aspects of central pancreatectomy as concluded by Christein et al study in JAMA 2006, while many of the trauma surgeon or the oncall surgeons are not necessarily hepatopancreaticobiliary surgeons this should be added to the discussion. And the conclusion should not be generalized, but should be binded by patient stability and surgeon experience.

Response: We are appreciate that reviewer give us so constructive comments. In our case, the surgeons are highly qualified pancreatic doctor and have performed dozens of such operations. We added the content reviewer advised to the discussion.

Reviewer 2:

Comment 1: It is an interesting article, the studied topic presents practical importance. The paper is well written and correct from a methodological point of view.

Response: Special thanks for the reviewer’s good comments.

Reviewer 3:

Comment 1-8: 1. In the Background section: "Here we present a rare case of a 21 years, male patient who received central pancreatectomy with isolated complete traumatic transection of the pancreatic neck" - with is to be replaced with for ; 2. In the case presentation section: "A 21 years, male patient due to traffic accident admitted in the Department of Pancreatic Surgery at West China Hospital" - A 21 years old male patient, was admitted due to traffic accident in the Department of…; 3. In the case presentation section: "Abdominal computed tomography (CT) revealed that pancreatic neck parenchyma discontinuous, peripancreatic effusion and hemorrhage" - Abdominal computed tomography revealed: pancreatic neck parenchymal discontinuity (or transection), peripancreatic effusion and hemorrhage; 4. In the case presentation section: "the head and tail of the pancreas were congested and edema" - the head and tail of the pancreas were congested and edematous; 5. In the case presentation section: "The patient underwent central pancreatectomy and Roux-Y pancreaticoenterostomy" - Roux -Y pancreaticojejunostomy; 6. In the case presentation section: "Symptoms of the patients were significantly relieved and white blood cells, serum amylase and lipase level return to normal level" - Symptoms of the patient were significantly relieved and white blood cells, serum amylase and lipase levels returned to normal; 7. In the case presentation section: "The patient underwent follow-up for 6 months, and found no evidence of insufficient function of endocrine and exocrine" - The patient underwent follow-up for 6 months, with no evidence of exocrine or endocrine insufficiency; 8. In the case presentation section: "When the pancreas is only the organ
to be injured in an abdominal trauma, it is well known as isolated pancreatic injury, and the occurrence was less than 1%" - When the pancreas is the only organ to be injured in an abdominal trauma, it is known as isolated pancreatic injury, and the occurrence was less than 1%.

Response: We have made correction and marked in red on the manuscript according to the reviewer's comments from 1 to 8.

Reviewer 4:

Comment 1: the English language has to be re-edited prior to acceptance. In addition, the intraoperative figures are not very clear and quality should be improved. Also the descriptions of the figures have to be more detailed. A schematic figure of the reconstruction would be helpful, as well.

Response: We have sent the manuscript to English professionals to revise, remade the figures and add a schematic figure of the reconstruction. We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.