


RESPONSES TO REVIEWER COMMENTS

Reviewer #1: Major comments:


1. I think the title should be more specific. I suggest using the MeSH term EUS-FNA (full form).

Response: 


We agree with the reviewer's advice. ~~We have and have therefore~~ revised the title for clarity and to use the recommended term (page 1, lines 3-4). 

2. Did the authors attempt to preserve the spleen when performing pancreatectomy? Spleen-preserving pancreatectomy is appropriate in patients with solid papillary neoplasms of the pancreas. I believe that since the patient was young, this should have been attempted in spite of the complexity of the technique.

Response:

We thank the reviewer for ~~raising~~~~bringing up~~ this point. Indeed, we had planned ~~to preserve the spleen during~~ the pancreatectomy ~~with preservation of the spleen~~, even though it would ~~have been~~ difficult to separate the splenic vein from the pancreas. ~~However, because we observed bleeding from the splenic vein during the operation, a splenectomy was necessary to control the bleeding.~~ 

We have added some comments ~~ary to explain why the on the need for~~ splenectomy ~~was necessary~~ -in the 'Case presentation' section ~~of the manuscript~~:

The patient underwent laparoscopic pancreatectomy. Because ~~of~~ bleeding from the splenic vein ~~was noted~~ during the operation, ~~a it was necessary to perform~~ splenectomy ~~was necessary~~ to control ~~the~~ bleeding  (page 8, lines 3-5).

Minor comments:

1. The English in the manuscript needs thorough polishing.
2. There are many errors involving an e-mail address, spelling, an abbreviation, English medical expressions.

Response:

After revising our manuscript to address the reviewers' comments, we have had it rechecked by a native speaker of English. Changes have been made to rectify errors pertaining to contact information, spelling, abbreviations, and medical terms and

phrases. 

Reviewer #2: This case report is very interesting and suitable for this journal. The discussion should be given as a separate section. Also, the authors' conclusion that EUS-FNA is useful in the definitive diagnosis for such neoplasms is apt. However, they should add information of literature on advantages and complications/risks of this procedure not in a table. The table is too detailed and confusing. Please add this to discussion text.

Response: 

We thank the reviewer for their remarks on our case report.

We have deleted the table and ~~added the literature in the text.~~ We have added the following brief summary of the literature available on this subject in the 'Case presentation' section of the manuscript:


EUS-FNA has been reported to increase the diagnostic yield to 82.4%, which is a much higher value than that reported for CT or EUS [11]. Hemorrhage and duodenal perforation are the most common complications noted; however, they occur in less than 1% of cases [14]. The outcome observed in our case also supports the observations that EUS-FNA is a useful and safe method (page 12, lines 11-16).

Minor comment:

Reviewer #3:

1) The literature review should have been more robust before writing the paper. Currently, the number of solid papillary pancreatic neoplasm cases must be actually more than what you have reported. In addition, please describe very clearly the literature search methods you used. For example, which search engines did you use etc.?

Response:

We ~~used~~ searched the PubMed to identify relevant papers ~~database~~. Per your comment, we have added all the necessary details to the 'Case presentation' section of the manuscript (pPage 10, ~~Lines~~ 1-10). 

2) The detailed classification of the tumor has already been described on page 4 and does not need to be repeated later in the case presentation.

Response:

We agree with you and. ~~We~~ have removed the description appearing on page 9, lines 3-6.

3) The exact time when the follow-up examination was conducted is not clear. Did you mean 3 months from the time of first presentation or 3 months after the patient's discharge from the hospital?

Response:

We apologize for the confusion and thank you for ~~highlighting~~pointing out ~~the ambiguity in the phrasing we have used~~is problem. The patient was followed up 3 months after the operation was performed. We have revised the sentence in the ~~manuscript paper to clarify this point~~accordingly (page 12, lines 4-6).