Dear distinguished editor & reviewer,
Gazi Medical Journal

These are the replies to the raised enquiry by the reviewer as mentioned below:

Very simple and easy abstract. Please state and establish why this case is needed to be report and highlighted?
Pancreatic ascites is uncommon cause of chronic pancreatitis. It's rarely being reported. This is an unusual case of acute pancreatitis complicated with gross ascites, in which the etiology includes pancreatic pseudocyst or chronic pancreatitis. Indeed, we highlight that it's due to blockade of pancreatic duct stone or idiopathic in origin.

What type of surgical intervention been done to him? Any biopsy taken during laparotomy?
Laparotomy was performed due to peritonitis. Pancreatic duct was identified and removed. He underwent Frey's procedure, aiming to drain the pancreatic duct. There was no biopsy applied since neither pancreatic lesion nor peripancreatic lymph nodes identified intraoperatively even it was apparent in CT scan

Young with perforated gastric ulcer quite rare incidence. Any risk factor contribute to it?
Two most common causes of gastric ulcer occurrences are Helicobacter pylori and NSAIDs consumption but these aetiologies are more common in elderly. In fact, smoking behaviour is one of the factors that leads to gastric ulcer in youngsters. Nevertheless, he committed not to smoking.

Any plain abdominal radiography as to detect pancreatic duct stone?
Abdominal X-ray did not reveal any prominent pancreatic calcification or duct stone

Post Frey procedure, what the expected early and late complication etc? Do patient had its?
The complications of Frey procedure range from 7.5% to 42%. Those complications include bleeding, pancreatic fistula, and intra-abdominal abscess. These are considered as early complication. Patient successfully underwent the surgery without any early complications. For late complications, recurrent abdominal pain, pancreatitis or cholangitis, and stricture can be perceived postoperatively.

How patient condition especially nutrition, late complication following Frey procedure etc?...when patient been discharged?
He presented with severe malnutrition, giving BMI of 18. Besides, he was not tolerating orally well due to pain and vomiting. To improve his nutritional status, TPN was initiated. Once his surgery was successful, he was started back with enteral feeding but given slowly to avoid refeeding syndrome. He was discharged after 2 weeks once he tolerated the feeding supported by creon.

What the reason or explanations patient develop peritonitis in this case?

It can be either primary or secondary cause. The formation of primary cause happens due to infection of the underlying ascites itself. Possibly he also could have had delayed secondary peritonitis from the previous perforated gastric ulcer repair. Peritoneal wash out was performed intraoperatively before proceeding with Frey's procedure.

What author think why this patient had pancreatic duct stone? What the causes maybe for young patient?

Most common causes of pancreatic duct stones include chronic pancreatitis, alcohol abuse, biliary disease, malnutrition, and idiopathic cause. He developed malnutrition after stormy postoperative period after laparotomy for PGU repair. But, his albumin was fairly acceptable with a level of 30 g/dL. He denied symptoms of biliary colic, malignancy, or alcohol intake, but acknowledged to have intractable abdominal pain and steatorrhoea, hence idiopathy or chronic pancreatitis was likely acceptable culprit for his case. Despite of typical symptoms, imaging did not show pancreatic calcification and atrophy.

Reference is range from 1953 to 2003…please explore/refer reference around 5-10 years literatures.

The reference of 1953 was chosen as Smith first described this pancreatic ascites in the literature

New references —> Correia M, Amonkar D, Audi P, Banswal L, Samant D. Pancreatic calculi: A case report and review of literature. Saudi Surg J 2013;1:14-8

—> Pappas SG, Pilgrim CHC, Keim R, Harris R, Wilson S, Turaga K, Tsai S, Dua K, Khan A, Oh Y, Gamblin TC, Christians K. The Frey Procedure for Chronic Pancreatitis Secondary to Pancreas Divisum. JAMA Surg 2013;148(11):1057–1062.

Not clear image…better image within 300dpi better

Two pictures given; 1) plain picture to show pancreatic stone & no pancreatic calcification, 2) new clearer file of arterial phase CT

We have edited the main text / manuscript with the revised version and the corrections are highlighted in red color
Hope to get back from you soon
Thank you

Yours sincerely,
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Malaysia