Peer Review File

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Review Comments:

Feng Zhang, et al. report a case of pancreatic ascites successfully treated with ENPD caused by chronic pancreatitis.

I have several comments and suggestions.

Comment 1: In such case, it has been already reported. Therefore, it is required new, educational, and/ or informative messages for readers. What are the new messages and findings?

Reply 1: Pancreatic ascites is a rare condition, which may mimic spontaneous bacterial peritonitis or ascites due to portal hypertension. It is very confused at the first impression in a cirrhosis patient. Here, we report a case of pancreatic ascites developing in the setting of alcoholic liver disease with portal thrombosis. It will give new, educational, and informative messages for readers.

Comment 2: I do not think that the patient showed "acute peritonitis". The title and content of the manuscript should be revised.

Reply 2: Acute peritonitis was diagnosed based on generalized tenderness with marked rebound tenderness and the dramatically elevated cell mount of ascites (1,654,000 cells/ml, suggesting pancreatic ascites mixed with infection).

Comment 3: In Figure 1D, the authors mentioned that the cyst was disappeared. However, the slice levels of CT scan were slightly different, and the second CT was performed without contrast medium so that contrast effect between the pancreatic parenchyma and cyst. It looks like there is a cyst in the pancreatic tail.

Reply 3: After we carefully check the second CT again, the cyst in the pancreatic tail was shrinking, not disappeared. We have revised it in the content of the manuscript. But the following CT showed the cyst in the pancreatic tail disappeared (date not shown).

Comment 4: In Figure 2A, I think that the red arrow showed the cavity of the pancreatic cyst. Is it correct?

Reply 4: Yes, it is. We have illustrated it in Figure 2A.

Comment 5: The authors should describe that there was a focal stenosis of the main pancreatic duct, or not. That is very important information for increasing the pressure of the main pancreatic duct and developing pseudocyst and/or internal

pancreatic fistula.
Reply 5: We had described it in line 94 “main pancreatic ductal expansion”, which may attribute to multiple calcifications in the head of the pancreas.

Comment 6: In discussion, it is better to discuss about intraabdominal bleeding from a pseudoaneurysm in patient with chronic pancreatitis.
Reply 6: Finished in line 160-168.