

Peer Review File

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ROUND 1

Review Comments:

Although COVID-19 is rarely reported with pancreatitis, several related cases have been reported:

PMID32685078

PMID32572339

PMID32537425

PMID32387082

Among them, the population includes children, pregnant women, young men, etc. This case reports a 74-year-old female patient who was admitted to hospital due to abdominal pain and was finally diagnosed with positive COVID-19 accompanied by acute pancreatitis.

Response: We included the cases as reported above and how our case is different and unique.

This case has the potential for publication, but there are still some modifications and additions to be made:

1. The manuscript should include the Abstract and the Introduction. The unique of this case should be highlighted in the abstract and introduction regarding checklist 3a and 4.

Response: We included abstract and introduction with unique features of our case highlighted.

2. Specific treatment plans for patients should be provided.

Response We included the treatment plants provided.

Changes in the Text: The patient was managed conservatively with intravenous lactated ringers, analgesics, and supportive care. On hospital day 1, the patient's abdominal pain resolved, and a low-fat diet was initiated. She was discharged home on hospital day 2 in a stable condition after resolution of her symptoms.

3. A timeline figure is suggested regarding checklist 7.

Response: We made this a separate figure and submitted it.

4. As the patient is elderly and has a history of diabetes, the relationship between diabetes and pancreatitis should be discussed in depth to confirm whether the patient's pancreatitis is related to diabetes.

Response: Thank you for this suggestion, we included this in the revised manuscript.

5. What's the follow-up result? Please provide follow-up evidence regarding checklist 10a~10d.

Answer: Thank you for this suggestion. Patient did not follow up in clinic after hospital discharge. As described in the case report, the management of acute pancreatitis was carried out in standard supportive care with expectant management. Some of the aspects in checklist 10a-10d do not apply to our particular case.

Changes in the text: The patient was managed conservatively with intravenous lactated ringers, analgesics, and supportive care. On hospital day 1, the patient's abdominal pain resolved, and a low-fat diet was initiated. She was discharged home on hospital day 2 in a stable condition after resolution of her symptoms.

6. It is important to know if the patient has recent symptoms of pancreatitis prior to admission.

Response: As mentioned in the manuscript, patient had symptoms of pancreatitis for only one day. We made it clearer and more explicit in the revised manuscript.

7. Compared with other cases, what is UNIQUE in this case? For example, emphasize that patients develop symptoms of the gastrointestinal symptoms before they develop COVID-related symptoms. And she was an elderly patient, does age affect the progression of the disease?

Response: Uniqueness of our case is the "imaging evidence of pancreatitis" in patient with COVID 19 in addition to elevated lipase in the diagnosis of acute pancreatitis. In general, irrespective of the cause, elderly patients have worse outcomes with acute pancreatitis compared to young. We believe this holds good in patients with COVID 19 as well.

8. What are the pathogenesis of COVID-19 and pancreatitis? What is the connection between COVID-19 and pancreatitis?

Response: As mentioned reported in the manuscript, ACE receptors which are viral entry sites for coronaviruses are present in pancreatic islet cells. There is no data as of today, if such receptors exist in the pancreatic acinar cells as well. As of today, underlying mechanism is not yet been clearly delineated.

9. What's the primary "take-away" lessons of this case? I suggest that after further discussion of "take-away" regarding checklist 11d.

Response: We made changes and included the following in revised edition.

Changes in Text: In conclusion, it is unclear whether AP is a coincidence or consequence of COVID-19 infection. However, in the absence of alternative etiology and due to the aforementioned factors, the role of COVID-19 in causing AP should be considered. Many aspects of COVID-19 are still being investigated, and larger case series or cohort studies in future may provide insight into the etiological role of SARS-Cov-2 in AP. Nevertheless, it appears that AP could be one among the myriad of GI manifestations caused by COVID-19 albeit less common.

Please consult more relevant cases for a more in-depth discussion of COVID and pancreatitis to make this report more valuable.

Response: We made necessary changes to make to more meaningful and valuable for the readership. Thank you.

ROUND 2

Review Comments:

1. Abstract: The words count is 200-350.

Ans- Abstract is changed with word count as recommended which is 206.

All changes are made with track changes.

2. The Introduction is too simple. Please highlight how this case is different and unique with references in the Abstract and Introduction.

Ans- Please look at the updated introduction section with track changes.

3. I fail to find revision in manuscript regarding Question 4.

Ans- We apologize. This section has now been added to updated manuscript, much more

clearly in the discussion section.

4. There is still no take-away lessons of this case. For example, in patients with COVID-19 infection, especially in older patients, should we consider the risk of pancreatic infection when gastrointestinal manifestations occur? How to diagnose pancreatic infection in time?

Ans-This section has been updated as well with take home points. Kindly review. Thank you for your valuable review suggestions.