

ANSWERING REVIEWERS

March 15, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 7852-review.doc).

Title: RDW to platelet ratio New and promising prognostic marker in acute pancreatitis

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7852

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

1(Reviewer no,35938) This study is a retrospective cohort study. I explained RDW as “Red Cell Distribution Width” in title and abstract. Higher hematocrit level due to fluid loss in the third space is a reliable severity predictor in acute pancreatitis, it was shown that patients with acute pancreatitis with hematocrit level <44-47% at admission and failure to recover 24 hours later have a possibility to develop necrotizing pancreatitis, so patients with hemoconcentration should be admitted to an intensive care unit for fluid resuscitation. Hemoconcentration usually correlates with pancreatic necrosis and absence of hemoconcentration suggests a benign course of the disease. We wanted to mention the importance of the fluid resuscitation in our report in the third paragraph of the discussion. Severe AP needs urgent management, admission to intensive care unit, optimizing oxygen delivery and maintaining tissue perfusion. Improved outcome is associated with early restoration of circulating blood volume. So careful monitoring of patients with AP improves the survival. The predictive value of a test is determined by the test’s sensitivity and specificity and by the prevalence of the condition for which the test is used . Both PPV and NPV vary with changing prevalence of disease. It may be wrong for clinicians to directly apply published predictive values of a test to their own populations, when the prevalence of disease in their population is different from the prevalence of disease in the population in which the published study was carried out. When the prevalence of disease is low, the PPV will also be low, even when using a test with high sensitivity and specificity. A positive or a negative result is then more likely to be meaningful, than when the test is indiscriminately applied to patients. A diagnostic test should be used to supplement rather than as a substitute for clinical judgement. In the present study the performance of RPR was compared with Ranson criteria, and found to be more sensitive than this severity score, and this finding was added to discussion part.

2 (Reviewer no,9064) As this study is a retrospective cohort study we don’t know the time between acute pain episode and hospitalization. But of course it would be better to know the elapsed time between pain episode and hospitalization. We compared the hematocrit levels and RPR, and RPR was found to be superior to hematocrit levels for predicting the mortality, we added this information on the table 1. We planned this study retrospectively and we have compared RPR with Ranson criteria, and found to be more sensitive than this severity score but we have a lack of data for

comparing with other scoring systems.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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