



IRCCS Azienda Ospedaliera Universitaria San Martino – IST
Istituto Nazionale per la Ricerca sul Cancro
Largo Rosanna Benzi, 10 - 16132 GENOVA

May 12, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10556-review.doc).

Title: Current Concepts of Laparoscopic Splenectomy in Elective Patients

Authors: Marco Casaccia, Cesare Stabilini, Ezio Gianetta, Adalberto Ibatici, Gregorio Santori

Name of Journal: *World Journal of Surgical Procedures*

ESPS Manuscript NO: 10556

Revision has been made according to the suggestions of the Reviewers.

1 (Re: Reviewer 00058872) - Liver pathologies such as sclerosis/fibrosis or HCV-related chronic hepatitis and cirrhosis have not been considered because they represent a contraindication to laparoscopic splenectomy procedures as far as portal hypertension or uncorrectable coagulopathy are present, as outlined in the "Operative indications section". As regards to spleen function and the role of this organ, the intersection between immunity and infections especially after splenectomy has been outlined in the "Procedure-specific complications" section. Furthermore, to reinforce this topic, in the same section the following two references suggested by the reviewer have been added:

- **Tarantino G**, Savastano S, Capone D, Colao A. Spleen: A new role for an old player? *World J Gastroenterol* 2011 Sep 7;17(33):3776-84. doi: 10.3748/wjg.v17.i33.3776
- **Tarantino G**, Scalera A, Finelli C. Liver-spleen axis: intersection between immunity, infections and metabolism. *World J Gastroenterol* 2013 Jun 21;19(23):3534-42. doi: 10.3748/wjg.v19.i23.3534.

The new references have been numbered accordingly.

2 (Re: Reviewer 02438485) - A table of surgical indication of laparoscopic splenectomy has been added in the "Operative indications" section, as suggested by the Reviewer. There are not clear indications about the use of an approach over the others. The only existing statement is based on the EAES guidelines suggesting to consider the hand-assisted laparoscopic or open splenectomy approach in case of massive splenomegaly (diameter,>20 cm). This statement is reported in "Massive splenomegaly. Technical considerations" section, and in the "Critical evaluation" section. However, features about clinical indications are present in each technique description section except for SILS. To fill this gap, the following sentence has been added in the text: "*The most common indication for SILSp is idiopathic thrombocytopenia followed by splenic cystic disease and hereditary spherocytosis, witnessing a prevalence of benign pathologies in normal-size spleens.*"

3 (Re: Reviewer 00538725) - In our review we have applied both the conventional PRISMA flow chart for systematic reviews (Figure 1) and a map of knowledge approach (Figures 2-4). This last approach is gaining increasing interest in top-rated journals (PLoS One. 2013;8:e58779. PMID: 23554924. Proc Natl Acad Sci U S A. 2008;105:1118-23. PMID: 18216267. Proc Natl Acad Sci U S A. 2004;101 Suppl 1:5287-90. PMID: 14978278). In our review, as well as in each conventional systematic review, the search strategy performed in the main databases does not allow to obtain an overview of the items returned by the queries before eligibility/inclusion PRISMA phases. In our review, the Figure 2 showed the map of the terms selected (n = 420) from the records included (n = 1141) after searching in Web of Science database (records published in English during 1991-2013), by using the visualization of similarities approach (e.g., see also in Nature. 2010; 463:157. PMID: 20075899), whereas Figure 3 returned the bibliographic coupling of authors (n = 126) of these same records from a pool of 5017 authors. These figures provided further information, especially useful to characterize the items/authors in the journals with impact factors, by applying an innovative visualization method. We agreed with the Reviewer's comment that three figures for describing the map of knowledge method may be oversized. Considering that the other Reviewers accepted the manuscript without change (Reviewer 00068052) or by suggesting the inclusion of additional information (see above points 1-2), and that the same Reviewer 00538725 in the field "Conclusion" accepted our review, in the revised version we have deleted the Figure 4, by modifying the text accordingly.

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

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'M. Casaccia', with a long, sweeping underline.

Marco CASACCIA, MD

UOC Clinica Chirurgica 2
IRCCS Azienda Ospedaliera Universitaria San Martino – IST
Monoblocco XI piano - Largo Rosanna Benzi, 10
16132 – Genova, Italy
Tel. +39-010-5554539. Fax. +39-010-5556944
E-mail: Marco.Casaccia@unige.it