

Point by point response to reviewers

Two out of five reviewers asked some questions about the manuscript, namely:

- Rev n° 00505679

Question: *It is important for reader to know the size of the enteroscope*

Answer: The endoscope type has been added lines 11, 12 page 4

Question: *The duration of deep endoscopy. Previous abdominal surgery in the patient?*

Answer: The duration of deep enteroscopy has been added (line 18, page 4). The patient was never submitted to abdominal surgery in his past history, as already reported in the bottom lines of page 3.

- Rev n°02822560

First, we are grateful to the reviewer for her/his comments. She/he astutely found the major weaknesses of the report and we think that the following changes will improve the manuscript.

Question: *Can you estimate the findings of the CT scan for your patient according to American Association of Surgeons for Trauma Splenic Injury Grading Scale?*

Answer: We reviewed the CT with the radiologist, who classified the splenic injury as grade IV, according to the American Association for the Surgery of Trauma classification. Hence this useful information has been added (last three lines, page 4) along with a new reference (n°7).

Question: *Can you comment about the possibility of non-operative management including angiographic embolization for your patient, instead of splenectomy?*

Answer: A short comment on the surgical choice due to the severity of spleen injury has been added (last line, page 4; first line, page 5); we also added a new reference (n°8) of a report showing the poor results of non-operative approach to this kind of splenic injury.

Question: *Why did your patient undergo a segmental ileal resection, even though bleeding from ileal branched angioectasia (type 1b) seemed to have been controlled by APC treatment?*

Answer: Ileal resection was performed because of the high long-term rebleeding rate (42% in the largest series to date) of small bowel angioectasia treated by endoscopic thermal ablation. This detail has been added in the manuscript (line 3-5, page 5) along with the quoted study (reference n°9).

The above-mentioned changes of the text and the added references are reported in red.