

Dear Editors and Reviewers,

Ms: SREP-43318

Title: Hand-assisted laparoscopic splenectomy is the ideal surgical treatment for patients with splenomegaly: a meta-analysis

Thank you for your letter and the reviewers' comments concerning our manuscript. Those comments are all valuable and very helpful for revising and improving our manuscript. We have studied comments carefully and have made correction which we hope meet with approval. The clean revised "manuscript" was provided. The main corrections in the paper and the responds to the reviewers' comments are as following:

Reviewer comments:

Reviewer #1:

This is a well-designed meta-analysis on HALS. Pooled analysis was well conducted and results are sound. I believe discussion may benefit of mentioning robotic splenectomy for splenomegaly as this may represent an alternative to HALS for treating this condition in the near future.

Answer: Thank you for your issue. Our opinion is consistent with you, robotic surgery is a direction for future development. We are very interested in it. And the research showed robotic splenectomy for splenomegaly is associated with less blood loss and longer operative times than the laparoscopic procedure ^[1]. Our study showed the operative time was shorter and blood loss were lower in the HALS group than LS group for splenomegaly. Therefore, HALS still have certain advantages. But we have no enough data to display that. we will compare the advantages and disadvantages of HALS and robotic surgery next as your mandate.

[1] Cavaliere D, Solaini L, Di Pietrantonio D, D'Acapito F, Tauceri F, Framarini M, Ercolani G. Robotic vs laparoscopic splenectomy for splenomegaly: A retrospective comparative cohort study. Int J Surg. 2018; 55:1-4. [PMID: 29753953 DOI:

Reviewer #2:

CRITIQUE This manuscript is of significant scientific merit and should be published after a major revision has been made. It represents a meta-analysis of studies regarding the efficacy of HALS method for splenectomy. This topic has been a matter of study at the decade of 2000, and it was then that it has been established that HALS is a useful and effective technique for the removal of spleens with a diameter larger than 20 cms. This is a principle mentioned also in more recent studies (Swanson et al. Can J Surg 2011; 54: 189-193, and in our recent review Misiakos et al. World J Gastrointest Endoc 2017; 9: 428-437). However HALS did not gain wide acceptance over the last 2 decades among surgeons, probably due to the complexity of the technique. The majority of studies implicating this technique support its usefulness for the removal of large spleens but almost none supports its use for every occasion.

-The authors should change their title to a more moderate statement, such as “Hand-assisted laparoscopic splenectomy is a useful surgical treatment for patients with excessive splenomegaly: a meta-analysis”

Answer: Thank you for your pertinent suggestion. The title was change to “Hand-assisted laparoscopic splenectomy is a useful surgical treatment for patients with excessive splenomegaly: a meta-analysis” according to your suggestion.

-The authors should better define the criteria for the use of its special technique and report some data about the cost aspect.

Answer: Thank you for your so professional comment. Because the original article does not provide relevant data, we cannot draw a corresponding conclusion. But we are very interested in this comparison, our other study shows the hospital expenses of HALS was lower than LS (5.5 ± 1.5 vs 6.4 ± 2.4 WanRMB, $P = 0.022$) (Data not published).

-They should add that this technique requires special training and experience and should be used by experienced surgeons in general laparoscopic surgery.

Answer: Thank you for your so professional comment. We fully agree with your point of view. This technique requires special training and experience and should be used by experienced surgeons in general laparoscopic surgery. And we believe that the security of HALS is higher than LS. Surgeons with experience of open splenectomy can try to do HALS.

-They should better define when DUS is required.

Answer: Thank you for your issue. Because the study is a Meta analysis, the original article is not defined. In our opinion, for patients with portal hypertension, there is a risk of esophageal and gastric varices bleeding who need to be implement DUS

-The statistical interpretation of data is well performed.

Answer: Thank you for your so professional comment. We have invited professional statistics experts to demonstrate this study.

-The language needs minor language polishing. 1.

Answer: Thank you for your careful review. We are very sorry for commit such errors which should not be. We have to invite the editorial company to polish this manuscript once again.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but the words were marked with red.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions. I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Yong Huang