



October 1 , 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5053-review.doc).

Title: *Transumbilical single-incision laparoscopic splenectomy: ten cases of report*

Author: Zhi-Wei Liang, Yuan Cheng, Ze-Sheng Jiang, Hai-Yan Liu, Yi Gao, Ming-Xin Pan

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5053

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

1 Format has been updated

Yes, we have updated the format according to the guidelines for Brief Articles.

2 Revision has been made according to the suggestions of the four reviewers:

(1) Respond to reviewer (No. 00504558): Thanks for your valued suggestion. We have changed the image (Figure 3.1) to show the entry ports at the single umbilical incision. We have added a table introducing the patients characteristics, operating related data and so on. We have given the corresponding data on the weight of the spleens. We have added some explanation in the text to explain the role of the reduced port surgery(RPS). Laparoscopic splenectomy (LS) is an innovative technique and has gradually replaced conventional laparotomy. However, patients and surgeons are all hoping for a more minimally invasive technique with more cosmetic result, though LS has got a good cosmetic result. We thought single incision splenectomy and reduced port splenectomy will be alternatives to conventional laparoscopic splenectomy in different stage. Single incision splenectomy has an amazing cosmetic result but too hard to carry out in every department. That was why most references about this new technique were case reports. It seemed that RPS was more feasible than single incision laparoscopic splenectomy.

However, we thought, in our experience, that single incision laparoscopic splenectomy will finally be as feasible as RPS with the progress in surgical instrument and accumulation of experience, whereas with better cosmetic result. We are sorry for failing to interpret the detail of operating procedure. In fact, linear cutting staplers were used to clamp the vessels in our surgery.

(2) Respond to reviewer (No. 00071687): Thanks for your valued suggestion. As you said in the review, safety but not the reproducibility was the most important factor to evaluate the feasibility of a new technique. In fact, all the patients underwent the surgery were asked to have a post-operative check-up in the first and six month postoperatively. As we recorded in the follow-up period, all patients recovered uneventfully, and no complications such as bleeding, thrombosis, and infection et al occurred. We accordingly think it is safe and a feasible technique for splenectomy. Thanks for your valued suggestion. We have unified these terms into Single-Incision-Endoscopic-Surgery (SIES) as you suggested in the review. Thanks for pointing out these valued suggestion. We have made language corrections and revised these wrongly cited references. We also added the time for recruitment in the manuscript. We are sorry for failing to interpret the detail of operating procedure. When the spleen was dissected, it was placed in a retrieval bag and morcellated, and then removed through the entry port. As the spleen was broken into small pieces, it was easy to take the specimen bag out of the incision. Sometimes curved forceps was needed to extend the port space but widening the incision of the skin was avoided. We are very sorry for the false affirmation in the manuscript. We have explained in the paragraph that we were talking about the single incision splenectomy. Because it was stated in these references (such as Monclova JL, Targarona EM, Vidal P, Peraza Y, Garcia F, Otero CR, Pallares L, Balague C, Trias M. Single incision versus reduced port splenectomy – searching for the best alternative to conventional laparoscopic splenectomy. *Surg Endosc.* 2013; 27(3):895-902 et al) that no more than 32 cases of single-incision laparoscopic splenectomies were performed, we calculated all the cases in the references and concluded that there were no more than 50 published cases of single-incision laparoscopic splenectomies till now. We have added an image (Figure 3.1) showing the

entry ports at the single umbilical incision. In addition, we have revised the mistakes at the references. Thanks for your attention.

3 References and typesetting were corrected

Yes, we have checked all the references cited, giving both PMID and DOI.

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

Sincerely yours

A handwritten signature in black ink, appearing to read 'mingxin pan'.

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