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Response to the Editorial Office:

Thank you for your comments! We revised our manuscript according to peer-reviewers' comments. Enclosed you'll find a point-to-point reply to each of the comments. Our response is italicized.

Your manuscript should be prepared with Word-processing Software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.

Done.

Please rearrange all the authors' affiliations with Department, University or Institute, City, Postcode, Country, etc. (without any symbol or figure like * or 1).

Done.

Please provide the author contributions. See the format in the attachment file-revision policies.

Done.

You need to provide the grant application form(s) or certificate of funding agency for every grant, or we will delete the part of "Supported by...".

We did not receive any funding, we added this statement (page 1, line 31).

Institutional Review Board Approval Form or Document

Not applicable for a case report.

Signed Informed Consent Form(s) or Document(s)

We added "Informed written consent was obtained from the patients for publication of this report and any accompanying images" (page 2, line 33).

Conflict-of-interest statement

We added "They authors declare that they have no conflict of interest" (page 2).

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Care checklist

We added "The manuscript was prepared according to the CARE Checklist (2016)" (page 2).

Core tip & audio core tip

We added a core tip and recorded an audio file of it.

Figures

We added all figures in PPT (figures.pptx), but we were just able to upload it as "Approved Grant Application Form […]". There was no option to add it as a figure to the online submission system.

References

We revised the reference list according to your concerns. Do you want us to add the hyperlinks to PMID and DOI? We could also add that, if you want.

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Response to the Reviewers:

Although the author reported two cases of splenic sclerositing angiomatoid nodular transformation (SANT) and were treated by laparoscopic splenectomy (LS). This article didn't show some new ideas and We also encountered 5 cases of SANT and treated with laparoscopic partial splenectomy. These patients recovered well after the operation.

Thank you for your review! It is really nice to hear that you were able to treat patients with SANT with laparoscopic partial splenectomy as it opens up a further therapeutic approach, which might prevent complications of the asplenic situation after resection. Did you already publish your results? It would be interesting to include your experience to our discussion! In our experience, SANT is skill unknown to most physicians, although more has been reported in recent years. Furthermore, less is known about the appropriate treatment of SANT and, we were interested in adding some discussible points about non-operative treatment to the medical world.

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I do think this is an interesting cases report about a rare spleen disease. The paper was well written and cases were well presented.

Thank you for your review of our manuscript! We are very happy to hear your reply!

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This manuscript presents two cases of SANT (sclerosing angiomatoid nodular transformation), a rare benign disease of the spleen. Both patients underwent splenectomy and diagnoses of SANT were made histologically following resection. Both patients following surgical spleen resection did well and were discharged on the 4th and 5th postoperative day, accordingly. This is an interesting and well-presented article. Considering the state of our knowledge and difficulties with SANT identification, the work certainly deserves consideration.

Thank you for your review and we were very happy to hear your reply!

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The case reports (of 2 patients) with Sclerosing angiomatoid nodular transformation (SANT) highlights a rare diagnosis. Despite the fact that the case report includes factual information, the presentation style needs a complete transformation. While the below edits just highlight a few necessary changes, the entire manuscripts needs to be undergo thorough editing. Essentially, SANT is a differential diagnosis for patients presenting with a splenic mass. In the absence of mass like features, it is not sure how the diagnosis can be made.

Thank you for your review! We carefully reviewed the presentation of our case report, but we were not able to meet your concern as our presentation is in line with the case report presentation style of WJCC. All case reports in WJCC have a similar design, and we were, therefore, not able to change the style of presentation. Nevertheless, we tried to revise your other concerns thoroughly.

Edits suggested, but needs extensive revision: Page 3, line 53, unspecific needs to be nonspecific – *Changed.* Page 3, line 58, remove "Less is known about SANT" – *Deleted.* SANT does not appear to be related to age, gender or pre-existing illnesses, although some reports have reported a higher frequency in women - *Reworded.* Page 3, line 61: as well as nutritional trouble - replace with - nausea, vomiting, and occasional malnutrition – *Replaced.* Line 62; Contrarily, some patients can be asymptomatic – *Reworded.* Line 66 - what is "not-clarified" ?- *Deleted.* Line 72 - what is CARE – *CARE is a guideline for publication of case reports. We added "for publication of case reports" to make it more clear.* Page 4, line 79 - German white, male, - replace with caucasian man – *Replaced.* The case presentation should be in one or two paragraphs with fewer headings. This is a case report and not a medical chart write up. *As mentioned above, we were not able to change the presentation style.* Other questions: Is there any role for fine needle

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aspiration or biopsy (via EUS or interventional radiology)? *Thank you for your suggestions! We added it to the discussion of our manuscript (page 9, line 228). Due to the possible malignancy of lesion and a risk of peritoneal spreading both approaches are not preferable. Furthermore, fine needle aspiration or biopsy of spleen is on high risk for post-interventional bleeding.*