

## Format for ANSWERING REVIEWERS

April 25, 2020



Dear Editors,

On behalf of all the authors, I would like to thank you for your consideration of this paper. In the revised manuscript you will find the changes that we made in response to the Reviewers. In this response to reviewer letter we also indicated how we have dealt with the Reviewers' comments.

Please find enclosed the edited manuscript in Word format (file name: -Manuscript\_edited.doc).

**Title: Giant Splenic Artery Aneurysm presenting with massive upper GI bleeding: a case report and review of literature.**

**Authors List:** Francesco Panzera, Riccardo Inchingolo, Marina Rizzi, Assunta Biscaglia, Maria Grazia Schievenin, Emilia Tallarico, Giancarlo Pacifico, Beatrice Di Venere

**Name of Journal:** *World Journal of Gastroenterology*

**Invited Manuscript ID:** 03358964

The manuscript has been improved according to the suggestions of reviewer and Editorial Office's

Comments:

Reviewer # 1

the authors present a unique case of upper gi bleeding due to large splenic artery aneurysm . The case is very interesting and the figures and photographs are excellent.

A: *Thank you for the consideration of this paper and for your comment.*

1-Please elaborate on the decision to do endoscopic therapy with cyanoacrylate injection. I do not think this should be the treatment of a suspected vascular lesion of unknown etiology, especially if the patient does not have known varices. This is an arterial lesion, and although injection was done it may have subjected the patient to unnecessary risk of inducing bleeding+/- vascular thrombosis and embolization. The abstract conclusion suggests that treatment is by sequential endoscopic and surgical approach. The treatment should be solely by surgical approach. 2-was the lesion pulsatile on endoscopy?

A: *We agree that the FINAL and EFFECTIVE TREATMENT should be surgical and we modified the sentence "sequential endoscopic and surgical treatment". But we believe that the approach should be combined. In a case like this, presenting with massive UGI bleeding, the endoscopy is the first examination to be performed in emergency setting. The evidence of a visible vessel required an endoscopic treatment. Given the "variceal-like" features of the lesion, considered unfit for mechanical/thermal haemostasis, the Endoscopist used a "sandwich" glue injection technique. He was aware of the embolization risk, but given the small amount of glue, he decided to deal with it. The lesion was non pulsatile, because of its large volume and low pressure.*

3-please see attached file for minor needed edits (in yellow)

A: *The sentences have been modified accordingly to reviewer suggestion.*

Science Editor:

1 Scientific quality: The manuscript describes a case report of giant splenic artery aneurysm presenting with massive upper GI bleeding. The topic is within the scope of the WJG. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: Reviewer#03252388 pointed out that the case is very interesting and the figures and photographs are excellent. However, there are still some questions: 1) Please elaborate on the reason to do endoscopic therapy with cyanoacrylate injection; 2) The treatment should be solely by surgical approach; and (3) Format: There are 4 figures and no table. A total of 36 references

are cited, including 4 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B. The authors provided a personal language certificate. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form, the the Copyright License Agreement, the Signed Informed Consent Form(s) or Document(s), and CARE Checklist-2016. No academic misconduct was found in the Bing search. The single sentence repetition rate of crosscheck reached 8%. 4 Supplementary comments: This is an invited manuscript. There is no fund support for this study. The topic has not previously been published in the WJG. 5

*A: Thank you for the consideration of this paper and for your comment.*

Issues raised: (1) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

*A: A new file with .ppt extension has been added, including original figures.*

(2) I found the authors did not add all the PMID and DOI in the reference list. Please provide all the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

*A: Those changes have been done, according to Guidelines for manuscript preparation. Unfortunately, not for all references both DOI and PMID were available.*

(3) I found the "Case Presentation" did not meet our requirements. Please re-write the "Case Presentation" section, and add "TREATMENT" section to the main text, according to the Guidelines and Requirements for Manuscript Revision;

*A: Those changes have been done*

(4) Please add some references.

*A: More references have been added.*

(5) Your manuscript has been checked by CrossCheck. Please read the attached CrossCheck report for details. Our editorial policy states the overlapped section should be less than 5% in single papers, including the author's own work. The authors need to rephrase these repeated sentences.

*A: The sentences highlighted in the CrossCheck report have been rephrased*

6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

### **Editorial Office Director**

I have checked the comments written by the science editor.

*A: Thank you for the consideration of this paper and for your comment.*

### **Company Editor-in-Chief**

I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

*A: Thank you for the consideration of this paper and for your comment.*

Finally, we wish to thank the Editor and the Reviewer for their comments that helped us to increase the value of our paper.

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

Sincerely yours,

Riccardo Inchingolo, MD, EBIR, CIRSE Fellow

Radiologia Diagnostica ed Interventistica

Ospedale Madonna delle Grazie

Matera