Dear editor and reviewers;

I appreciate your interest in our manuscript and your taking the time to review and comment on it. The answers and revisions to the reviewer's and editorial office's comments are as follows. And we added corrections according to the reviewer's and editorial office's comments in red characters in the revised manuscript.

Reviewer #1:
Scientific Quality: Grade B (Very good)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: Specific Comments to Authors: In this study, the authors presented a case of a 33-year-old pregnant woman with complaints of abdominal pain and unstable hemodynamic state, which was diagnosed with ruptured splenic artery aneurysm. The patient was treated with angiographic embolization and subsequent laparotomy due to hematoma formation. To the best of my knowledge this is the first study in English literature using endovascular treatment in pregnant patient with ruptured SAA. This article is relevant. The flow of paper is great. It is well-written and well-structured. I congratulate the authors for the amazing work they have done. The article could be published in its current form.

Response: Thank you very much for your sincere comment

Reviewer #2:
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments to Authors: It is an interesting case with good outcome. There are two questions for the authors. 1. Is there any indication for laparotomy to evacuate the hematoma? As we know, the hematoma could be absorbed automatically.

Response: Yes. I agree with your opinion. However, we have two reasons for removing the intra-abdominal hematoma in this case. First, we couldn't wait until the time that hematoma was absorbed due to the patient's condition, and we worried about abdominal compartment syndrome. The patient's abdominal wall was too tense and decreased wall compliance. It might be due to a large hematoma, enlarged uterus, and edematous bowel after resuscitation. Second, we needed to ensure that the bleeding was stopped even after arterial embolization. We added this statement to the TREATMENT.

2. Why did you resect the spleen? It is an important organ for us. Did you think just resect the aneurysm and ligate the artery, and keep the spleen. It has other blood supply from other artery, such as short gastric artery and splenorenal ligament.

Response: Yes. I agree with your opinion that the spleen is an important organ and should be kept if it is possible. But in our case, there was another aneurysm identified at the hilar portion in preoperative digital angiography. So we decided to remove all aneurysms, including splenectomy. So we added this statement to the TREATMENT.

3. The patient was stable, and the fetus was dead at initial resuscitation, why did you not perform two operations together?

Response: We discussed when and how to remove the dead fetus with an obstetrician. Because removing the dead fetus at 18 weeks can cause postpartum bleeding, we decided to remove it after stabilizing the patient's condition to decrease the morbidity.

(1) Science editor:

The Discussion consists of a literature review on the subject without an actual discussion of the case presented. It is OK to review the literature in the Discussion section, provided that the findings of the case presented are related to the literature, and this was not done

Response: Thank you for your sincere comments and advice, and we admit our actual discussion was lacking. It might be due to this case being the first report of angiographic embolization via an endovascular approach for a ruptured SAA during pregnancy. Most of our actual discussion was described at the end of the Discussion. In response to this comment, we added the case findings presented related to the literature in the Discussion.