

Dear Reviewers,

Thank you for giving us the opportunity to submit a revised draft of the manuscript “**Solitary splenic tuberculosis: A case report and literature review**” for publication in the World Journal of Clinical Cases. We appreciate the time and effort that you dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper.

We have incorporated most of the suggestions made by the reviewers. Because the format of the article has been modified according to the ***World Journal of clinical cases***, the positions of the contents that need to be modified proposed by the editors have changed in the article. I use red font to indicate the modified content in the article. Here below is our description on revision according to the reviewers’ comments.

1、Reviewer Name: Anonymous
Review Date: 2022-06-04 04:55

(1) **Comment:** In case report first line, rather writing OUR HOSPITAL, author could have mentioned the name of the hospital.

Revised: A 73-year-old man presented to the gastroenterology clinic of **the first affiliated hospital of Tsinghua University** complaining of weight loss and pronounced fatigue over the past two months.

(2) **Comment:** In third line, sex representation mismatching. Written “HER”

Revised:

Personal and family history

His medical history did not include any any family history of TB.

2、Reviewer Name: Anonymous
Review Date: 2022-06-13 02:14

- (1) **Comment:** “Tuberculosis is an important health problem in developing countries. Despite medical conditions developed greatly, tuberculosis remains one of the world’s most prevalent and fatal infectious diseases.

批注 [KAL1]: Requires a bibliographic reference. I suggest using this one: Zenteno-Cuevas R. New molecular mechanisms related to drug resistance in tuberculosis. *Microbes Infect Chemother.* 2022; 2: e1318

Revised:

INTRODUCTION

Tuberculosis (TB) is an important health problem in developing countries. Despite medical advances, TB remains one of the world’s most prevalent and fatal infectious diseases^[1,2].

REFERENCES

1 **Zenteno-Cuevas R**, Munro-Rojas D, Pérez-Martínez D, Fernandez-Morales E, Jimenez-Ruano AC, Montero H, Escobar L, de Igartua E, Trigos Á, Fuentes-Dominguez J. Genetic diversity and drug susceptibility of Mycobacterium tuberculosis in a city with a high prevalence of drug resistant tuberculosis from Southeast of Mexico. *BMC Infect Dis* 2021; **21**: 1202 [PMID: 34847856 DOI: 10.1186/s12879-021-06904-z]

2 **Pop M**, Pop C, Homorodean D, Itu C, Man M, Goron M, Gherasim R, Coroiu G. Abdominal miliary tuberculosis in a patient with AIDS: a case report. *Rom J Gastroenterol* 2003; **12**: 231-234 [PMID: 14502324]

- (2) **Comment:**

(In this report, the patient was started on quadruple anti-tuberculosis therapy, which included streptomycin, rifampin, pyrazinamide, and ethambutol.

批注 [KAL2]: Remove. This explanation is not necessary.

Revised:

TREATMENT

The patient was started on quadruple anti-TB therapy, which included streptomycin, rifampin, pyrazinamide and ethambutol.

(3) **Comment:**

The possible forms of involvement of spleen tuberculosis include primary and secondary spleen tuberculosis. Secondary spleen tuberculosis is more common in clinical practice as part of miliary tuberculosis. It is often accompanied by tuberculosis lesions in other parts of the body. Tuberculosis can be cured by oral anti-tuberculosis drugs. Primary spleen tuberculosis is rarer than secondary spleen tuberculosis in clinical practice. It is also known as isolated spleen tuberculosis, which means tuberculosis lesions is only in the spleen, not in other organs. The manner of involvement of isolated spleen tuberculosis is mainly blood-borne, and can be directly disseminated through lymphatic vessels and adjacent organs. Cases as isolated spleen tuberculosis accompanied by acquired immunodeficiency syndrome, diabetes, or use of hormonal drugs were more common to be reported.

批注 [KAL3]: All this paragraph needs at least a couple of references that support everything stated.

Revised:

The most common anatomical sites affected by extrapulmonary TB are lymph nodes, pleura, bone and joints, urogenital tract, and meninges^[5]. Splenic TB is typically associated with serious systemic illnesses such as immunosuppression, bacterial endocarditis, or sepsis as a result of hematogenous spread^[3]. The possible forms of involvement of splenic TB include primary and secondary splenic TB. Secondary splenic TB is more common in clinical practice as part of miliary TB. It is often accompanied by tuberculous lesions in other parts of the body^[4]. Primary splenic TB is rarer than secondary splenic TB in clinical practice. It is also known as isolated splenic TB, which means tuberculous lesions only in the spleen. Cases of isolated splenic TB accompanied by AIDS, diabetes, or use of hormonal drugs are more commonly reported^[6,7]. In our case, we identified isolated splenic TB in an immunocompetent patient, which is an infrequent finding.

REFERENCES

3 **Lin SF**, Zheng L, Zhou L. Solitary splenic tuberculosis: a case report and review of the literature. *World J Surg Oncol* 2016; **14**: 154 [PMID: 27250119 DOI: 10.1186/s12957-016-0905-6]

4 **Gupta A**. Splenic tuberculosis: a comprehensive review of literature. *Pol Przegl Chir* 2018; **90**: 49-51 [PMID: 30426945 DOI: 10.5604/01.3001.0012.1754]

5 **Qian X**, Nguyen DT, Lyu J, Albers AE, Bi X, Graviss EA. Risk factors for extrapulmonary dissemination of tuberculosis and associated mortality during treatment for extrapulmonary tuberculosis. *Emerg Microbes Infect* 2018; **7**: 102 [PMID: 29872046 DOI: 10.1038/s41426-018-0106-1]

6 **Vanhoenacker FM**, De Backer AI, Op de BB, Maes M, Van Altena R, Van Beckevoort D, Kersemans P, De Schepper AM. Imaging of gastrointestinal and abdominal tuberculosis. *Eur Radiol* 2004; **14 Suppl 3**: E103-E115 [PMID: 14749955 DOI: 10.1007/s00330-003-2047-9]

7 **Kumar S**, Pai AG, Tungenwar PN, Bhandarwar AH. Isolated primary tuberculosis of spleen-A rare entity in the immuno-competent patient. *Int J Surg Case Rep* 2017; **30**: 93-96 [PMID: 28006720 DOI: 10.1016/j.ijscr.2016.11.038]

(4) **Comment:**

treatment.

Revised:

CONCLUSION

Because solitary TB is rare and the patient has no typical symptoms, CT-guided puncture biopsy is a reliable method to help to make a definite diagnosis. Although surgical splenectomy is a recommended method, anti-TB drug treatment alone may be help to achieve the goal of cure.

批注 [KAL4]: A conclusion paragraph of the work and its importance needs to be shown.

3、 Further language polishing was performed by a native English speaking medical editor that will ensure all grammatical, syntactical, formatting and other related errors be resolved.

Thank you for your kind advices.

Sincerely yours,

Yan-Li Cheng