

ANSWERING REVIEWERS



June 5, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11000-review.doc).

Title: Emergency laparoscopic partial splenectomy for ruptured spleen: A case report

Author: Yun-Qiang Cai, Chun-Lin Li, Hua Zhang, Xin Wang, Bing Peng

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO:11000

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) In CASE REPORT paragraph, only abdominal CT is noted in Fig. 1 instead of the trocars distribution. This mistake should be revised. Besides, the sizes or types of trocars should be mentioned.

Reply: The mistake has been revised. The sizes and distribution of trocars have been mentioned in Figure 2.

(2) What were the vital signs of this patient when arrival at emergency room?

Reply: The vital signs of the patient arrival at emergency room have been added.

(3) What was the grade of American Society of Anesthesiologists (ASA) scale of this patient?

Reply: The grade of American Society of Anesthesiologists (ASA) scale of this patient has been added.

(4) What position was the patient put during operation?

Reply: The position of the patient during operation has been added.

(5) During operation, was the raw surface of spleen noted only with oozing or just covered with blood clot? If there was no active bleeding, was it possible to preserve the whole spleen even without partial splenectomy by using some special material (e.g. Parenchyma-Set, Splenic capping, omentum patch or even using Tissue glue)?

Reply: The rupture of spleen was covered with blood clot. However, active bleeding was also identified. Therefore, we decided to perform partial splenectomy other than preserve the whole spleen.

(6) About the blood loss of 200 ml, was the blood amount of auto-transfusion detected?

Reply: Yes, the estimated blood loss was based on the amount of auto-transfusion.

(7) Could you please describe a detailed suggestion about the indication and contraindication of this technique?

Reply: A detailed suggestion about the indication and contraindication has been provided in the

discussion section.

(8) The patient underwent emergency surgery following ineffective conservative treatment. However, the authors say that hemodynamic stabilization is needed during laparoscopic splenectomy for ruptured spleen. The question is how emergency a case is when a splenectomy lasts for 150 min and the total blood loss is 200ml. Indeed intraoperative blood loss of 200mL is small and such condition is not life-threatening. Please give detailed information about indications for emergency surgery of the patient.

Reply: Hemodynamic stabilization is critical for patients indicated for laparoscopic splenectomy. We have added the vital signs of the patient arriving at the operation room. During the laparoscopic exploration, we found blood clot covering the rupture which located at the upper pole of spleen. However, active bleeding was also identified. Due to blood clot is helpful to hemostasis, we did not remove all the blood clot away. Furthermore, we rapidly controlled the splenic artery branches which supplied the upper pole of spleen. As a result, the estimated blood loss was approximately 200ml. Indeed the operation lasted for 150min. A lot of the operative time was used for hemostasis of splenic stump and retrieval of splenic parenchyma. However, the patient was associated with active bleeding and the blood count examination revealed that the hemoglobin decreased dramatically during the conservative treatment. So the emergency surgery was indicated.

(9) The authors provide selection criteria for the choice of laparoscopic partial splenectomy in the emergency situation. These seem to be the policy of the local department and not supported by the literature or an objective study. This should be mentioned specifically in the text.

Reply: Thanks for your suggestion. We have mentioned it in the text.

3 References and typesetting were corrected

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

Sincerely yours,

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