

August 03, 2014



Dear Editor,

On behalf of all co-authors, we thank you very much for giving us an opportunity to revise our manuscript again and appreciate the editor's and reviewers' comments and suggestions.

Following the reviewers' suggestions, we have revised the manuscript and marked the changes in red text. Please find the revised version which we would like to resubmit for your kind consideration. In addition, our point-by-point responses to each of the reviewers' comments are provided below.

Please find enclosed the edited manuscript in Word format (file name: 11940-Review.docx).

**Title:** Partial embolization as re-treatment of hypersplenism after unsuccessful splenic artery ligation

**Author:** Zheng-Ju Xu, Lian-Qiu Zheng, Xing-Nan Pan

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

**ESPS Manuscript NO:** 11940

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) reviewer No. 2744038**

*...But in my opinion it would be better to mention little bit more about the complications of splenectomy because despite of all technological advances, splenectomy is still most commonly used treatment modality for similar cases and also for this case splenectomy might be an alternative treatment modality as far as LSA was failed.*

Response 1.1. We appreciate the suggestion. As recommended, we have now added the

relative information on splenectomy on page 8, line 5-13.

**(2) reviewer No. 2549473**

*1) To enhance the quality of the paper, I would just suggest adding a table that summarizes the other similar reports.*

Response 2.1. We appreciate the suggestion. However, we were unable to find any other similar reports about PSE in the treatment of hypersplenism after unsuccessful LSA in Pub-Med.

*2) i.e. "...allows retention" should be written as "allows for retention..." Also, standardize the terms used throughout the manuscript, i.e. sometimes authors use leukocytopenia and then leukopenia*

Response 2.2. The comment is well taken. According the suggestion, we have now changed "allows retention" to "allows for retention" on Page 7, line 11, and changed "leucopenia" to "leukocytopenia" on Page 8, line 14.

**(3) reviewer No. 2540153**

*1) However, in PSE, the splenic infarction rate is a critical factor for the improvement of thrombocytopenia. Although the improvement is greater in patients with more than 70% splenic infarction, severe postoperative complications occurred more frequently in these patients and in patients in Child-Pugh class C.*

Response 3.1. We appreciate and agree with the comment. We have now revised the discussion section to acknowledge the more frequent severe post-operative complications on Page 7, line 14-19.

*2) It's only a case report with a short follow-up period, hope the author can increase some cases with longer follow-up period.*

Response 3.2. The comment is well taken. We do plan to increase the number of cases and the follow-up period in future studies. This is now stated on Page 8, line 28-29.

3 References and typesetting were corrected.

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

Sincerely yours,

A handwritten signature in blue ink that reads "Xu Zheng-Ju". The characters are written in a cursive, flowing style.

Zheng-Ju Xu, associate chief physician  
Clinical Liver Center  
180th Hospital of the People's Liberation Army  
Quanzhou, Fujian Province, China  
Fax: +86-595-28919100  
E-mail: h180@163.com