

<p>Reviewer 1</p> <p>Introduction section: please briefly introduce the concept that different elastographic cut-off detect different stages of liver disease (i.e. Abenavoli et al. Ann Hepatol 2012) - Conclusion: please summarize this paragraph and highlight the potential role of TE in clinical practice - please revise the double spaces in the text</p>	<p>Authors answer</p> <p>According to the Reviewer's suggestion the concept that different cut off detect different stages of liver disease has been introduced in the Introduction.</p> <p>The role of TE in clinical practice is highlighted in the Discussion section</p>
<p>Reviewer 2</p> <p>Page 5: This is a review on spleen stiffness, thus the data of feasibility and reproducibility of spleen stiffness and not those on liver stiffness should be given. Please delete the statements regarding quality criteria, interobserver agreement and failure rate for liver stiffness assessment. Page 7: Please specify that Echosens is the manufacturer of the FibroScan device. Page 7: Point shear wave elastography is integrated in more than one US system (i.e. Siemens, Philips, Hitachi, Esaote). Please correct. Please, specify that these systems provide measurements of shear-wave velocity that can be converted to Young's modulus (stiffness, in kPa). Due to the size of the probe, narrow intercostal spaces could be a limitation also with US. Please check. Page 8, fist line: The correct acronym here is pSWE. Please correct. The statement that "the values obtained with pSWE/ARFI in contrast to TE values, have a narrow range (0.5?4.4 m/sec) and this circumstance limits the definition of cut-off values for discriminating certain stiffness stages" is incorrect. In fact, converting m/s in kilopascal trough the Young module the values are the same! Please check and modify. Real time two-dimensional shear wave elastography: the operator can should a sample box larger than this one. Please modify. The role of spleen stiffness in the assessment of liver fibrosis This paragraph needs to be shortened. Since this is a review on the role of spleen elastography in patients with chronic liver diseases there is any need to report the results on liver stiffness using TE. Please delete. For the same reason, the paragraph "Spleen stiffness future developments. Its role in myeloproliferative syndromes" (pages 19-20) should be deleted</p>	<p>Authors answer</p> <p>Statements regarding feasibility, reproducibility and quality criteria related to liver stiffness measurement have now been removed from the text.</p> <p>At page 7 Echosens details have been added.</p> <p>Page 7 The concept that point shear wave elastography is integrated in more than one US system (i.e. Siemens, Philips, Hitachi, Esaote) and that these systems provide measurements of shear-wave velocity that can be converted to Young's modulus (stiffness, in kPa) has now been added.</p> <p>The correct acronym " pSWE" has been corrected.</p> <p>The statement regarding pSWE/ARFI has been amended</p> <p>The paragraph regarding the role of spleen stiffness in the assessment of liver fibrosis has been shortened and that related to its role in haematological disorders has been deleted.</p>

Reviewer 3	Authors answer
<p>This is a review on the role of spleen elastography, performed by using different techniques for assessing liver fibrosis, predicting complications related to cirrhosis, detecting portal hypertension and predicting the presence of esophageal varices. The authors report many studies (90 references are listed in the manuscript) overall in keeping with the conclusion that spleen elastography performs better than liver elastography in detecting esophageal varices and it could be used when liver elastography is not reliable in the assessing of liver fibrosis. However the authors evidence some discordant results, mainly for the others parameters (i.e in the prediction of cirrhosis-related complications, transjugular intrahepatic porto-systemic shunt (TIPS) function and in the prediction of PH resolution after liver transplantation) and highlight the low number of cases reported in some studies.</p> <p>Minor Observations 1) In the introduction "SS" is present for the first time without any explanation of the abbreviation 2) I think that it's better to insert the paragraph about MRE after the paragraph ? "Acoustic radiation force impulse (ARFI) techniques". In fact in the pag. 12 " MRE" appears without any explanation of the abbreviation and of the technique. 3) Some other abbreviation (i.e PSR, LSPS, MELD ecc.) are reported without explanation and are not mentioned in the abbreviations' list 4) In the line 11 of pag 20 there is the sign ":" that is not necessary 5) There are some mistakes of spelling and language (i.e: pag 9 last line: perhaps it necessary to add the word " activity" after "necroinflammatory": pag. 22 " porosystemic")</p>	<p>1) In the Introduction the abbreviation SS has now been quoted.</p> <p>2) The paragraph regarding MRE has been moved after the paragraph regarding ARFI techniques.</p> <p>3) The abbreviations used have been explained in the text and reported in the Abbreviation list.</p> <p>4) The sign “ “ has been removed</p> <p>5) Spelling mistake have been amended.</p>