

Responses to Peer-reviewers' comments

1. Reviewer code 02534290

Comment

This is a very rare case indeed. The case report is correctly structured, well written, the case is well and completely described. It is indeed useful as a case report for clinical practice. However, is original only by the fact that it happened in the context of splenectomy during a potentially contaminated intervention as cholecystectomy, otherwise cases like this may occur in other situations, in which silk ligatures are used in contaminated operative fields. Worth to be published in the actual form.

My response

I wish to express my sincere thanks to the peer reviewer for the complements. I acknowledge his comment to publish the case report in the current form without making alterations.

2. Reviewer code 00070191

Comment

This case report offers to the literature that braided silk sutures should not be used during splenectomy, when surgery is performed together with resection of other visceral organs. It is pointed out that particularly, in case with immunosuppressive state utilization of absorbable and non-braided sutures can potentially prevent this complication. Basically this is an interesting case report. However macroscopic and microscopic figures and pathological differential diagnosis should be included in the discussion section.

My response

I wish to thank the peer reviewer for the constructive comments. I have described the macroscopic and microscopic appearance of the lesion in the case report. As the macroscopic appearance showed multiple pieces of tissues and the microscopic appearances were those of chronically inflamed fibrous tissue with no characteristic features of any pathological conditions, I have not attached the

figures, which in fact does not add any additional information to the case report because of their non-specific features.

I have added the differential diagnosis in the discussion section as suggested.

The changes I have made have been highlighted in red letters.