Jan 1, 2020

Le Zhang

Science Editor, Editorial Office

World Journal of Clinical Cases

Re: Manuscript NO 52906

Title: Ruptured splenic peliosis in a patient with no comorbidity: A case report

Dear Editor:

We thank the reviewers and editorial staff for their constructive and valuable comments on our manuscript. Attached is our response to the editor's comment and changes to the text have been highlighted in green (The previous changes according to the reviewers remained yellow).

We hope that the paper will be of substantial interest to the readership of World Journal of Clinical Cases. All authors agree with the submission, and confirm that the material has not been published previously and is not under consideration for publication elsewhere. On behalf of all authors and with best regards,

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Special comments from the editor:

Comments To Author：

请按照批注中意见修改手稿。

Response: We apologize for this error in manuscript preparation. We have modified the text according to your instructions.

Modified text:

CASE PRESENTATION

Chief complaints

A 51-year-old man visited the emergency medical center of our hospital with abdominal pain and distension.

History of present illness

This patient visited our hospital based on a complaint of chest pain two months ago. At admission, his vital signs were stable, and there were no indications of abdominal tenderness or rebound tenderness suggestive of peritonitis. The chest and abdomen radiographs, electrocardiogram, and cardiac markers also showed no abnormalities; therefore, he was discharged from the hospital after receiving routine education. Two months later, this patient returned to our emergency medical center with abdominal pain and distension.

History of past illness

This patient had no comorbidities.

Personal and family history

The patient had no personal history and the family history was negative for inherent disease.

Physical examination upon admission

The patient was hemodynamically stable, and there was little tenderness and rebound tenderness on his abdomen, although he complained of slight abdomen discomfort.

Laboratory examinations

No abnormalities were found on the laboratory examinations, including complete blood cell count, cardiac markers, and coagulation profile.

Imaging examinations

As we could not determine the possible diagnosis, abdomen computed tomography (CT) was performed immediately, and the result revealed multiple hemorrhagic cysts on the spleen with a moderate amount of hemoperitoneum (Figure 1).

FINAL DIAGNOSIS

The abdomen CT confirmed multiple hemorrhagic cysts on the spleen with a moderate amount of hemoperitoneum.

TREATMENT

Since the patient's vital signs were stable and there were no signs of peritonitis, we opted not to perform emergent surgery. Instead, the patient was admitted to our surgical intensive care unit and received a perioperative medical checkup with close monitoring for any clinical deterioration. On the second day of hospitalization, the patient`s clinical condition remained stable, and the scheduled operation was performed laparoscopically for a definite diagnosis and necessary treatment. The peritoneal cavity was filled with clotted blood, and the spleen was congestive with tortuous, overdeveloped vessels, which exhibited easy-touch-bleeding tendency (Figure 2). Although there was no evidence of active or ongoing bleeding on the spleen, we decided to perform a splenectomy because recurrent rupture of hemorrhagic cysts was strongly anticipated.

OUTCOME AND FOLLOW-UP

The operation was completed without complications, and the patient was discharged from the hospital on the 7th postoperative day. There was no evidence of predisposing factors for splenic peliosis in this patient.

On gross inspection, the size of the specimen was 9.5 x 5.5 x 2.0 cm, and there were multiple cysts measuring up to 1.0 cm in diameter that were filled with clotted blood (Figure 3). On microscopic examination, the blood-filled cystic lesions in the splenic parenchyma were well demarcated and distributed in the red pulp congestion. No vascular endothelial cells were observed, and normal lining cells disappeared in the wall (Figure 4). There was no evidence of neoplastic vessels or tumor cells.