

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Will preoperative partial splenic embolization followed by splenectomy lead to increased intraoperative bleeding? A nomogram-based prediction for a 6-year Single-Center Study" (ID: 88628). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. From your corrections and advices, we progress a lot. We thank greatly to your advices of our manuscript and appreciate the comments. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red bold in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

### **SCIENTIFIC QUALITY**

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report, and **highlighted the revised/added contents with yellow color in the revised manuscript**. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors have shared their experience of intra-operative complications in patients with liver cirrhosis, portal hypertension and hypersplenism who underwent pre-operative partial splenic embolization followed by splenectomy and compared this with similar cohort of patients who underwent splenectomy without pre-operative splenic embolization in a retrospective manner from a database. They have also developed a clinical prediction model for intra-operative bleeding. Following are my observations:

1. There are some grammatical errors. At places in the 'material and methods' section, the text is written in future tense. Material & methods 1. The duration of study and number of patients mentioned in the 'Abstract' and 'Material and methods' is different.

Response: The grammatical errors in this study were revised by a professional English language editing company. The duration of study and number of patients mentioned in the 'Abstract' and 'Material and methods' have been revised as shown in Figure 2.

2. The unit of platelet counts mentioned is incorrect.

Response: The unit of platelet counts and leukocyte counts mentioned was revised.

3. Why 'no record of biochemical leakage' was considered as a criterion for defining pancreatic fistula? This certainly would have fallaciously increased the incidence of post-operative complications.

Response: According to the 2016 guidelines of the definition and grading of postoperative pancreatic fistula, the diagnosis of biochemical leakage has been abolished, and biochemical leakage is no longer considered as a true pancreatic fistula. (Bassi C, Marchegiani G, Dervenis C, et al. The 2016 update of the International Study Group (ISGPS) definition and grading of postoperative pancreatic fistula: 11 Years After. *Surgery* 2017;161:584-91.)

Discussion:

1. The academic paper from which the fourth paragraph has been cited must be referenced.

Response: The fourth paragraph has been cited from the reference 27 (Jiao S, Chen H, Wang Y, Zhu J, Tan J, Gao J. Splenectomy versus Partial Splenic Embolization for Massive Splenomegaly Secondary to Hepatitis B-Related Liver Cirrhosis: A Case-Control Study. *Gastroenterol Res Pract*. 2016;2016:3471626).

2. The duration between embolization and splenectomy from the studies which have concluded potential benefit from embolization should be mentioned and discussed in

light of the author's contradictory experience and the fact that all patients were operated at least a month after embolization in the present study.

Response: The paragraph about the duration between embolization and splenectomy was added to the discussion section.

Conclusion 1. Conclusion does not match exactly with the research question. It can be made more precise and succinct.

Response: The conclusion was revised to "In summary, preoperative PSE followed by splenectomy may increase the incidence of IB for severe splenic adhesions, resulting in significantly prolonged surgery duration and increased surgical risk. Further, the nomogram-based prediction model could predict the occurrence of IB."

## **6 EDITORIAL OFFICE'S COMMENTS**

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

### ***(1) Science editor:***

1 Conflict of interest statement: Academic Editor has no conflict of interest.

Response: Thank you for your advice.

2 Academic misconduct: No academic misconduct was found.

Response: Thank you for your advice.

3 Scientific quality: The authors submitted a study of will preoperative partial splenic embolization followed by splenectomy lead to increased intraoperative bleeding? The manuscript is overall qualified.

(1) Advantages and disadvantages: The reviewers have given positive peer-review reports for the manuscript. Classification: Grade C; Language Quality: Grade B. The study is well conducted, does not have any ethical issues and the statistical tools used

are appropriate. The authors have shared their experience of intra-operative complications in patients with liver cirrhosis, portal hypertension and hypersplenism who underwent pre-operative partial splenic embolization followed by splenectomy and compared this with similar cohort of patients who underwent splenectomy without pre-operative splenic embolization in a retrospective manner from a database. The manuscript contains grammar errors and requires language polishing. There are issues in both the discussion and conclusion sections that need to be addressed.

Response: The grammatical errors in this study were revised by a professional English language editing company. The issues in both the discussion and conclusion sections were also revised.

(2) Main manuscript content: The author clearly stated the purpose of the study and the research structure is complete. However, the manuscript is still required a further revision according to the detailed comments listed below.

Response: The manuscript was revised according to the detailed comments listed below.

(3) Table(s) and figure(s): There are 7 Figures and 3 Tables should be improved. Detailed suggestions for each are listed in the specific comments section.

Response: The figures and tables were provided in the form of PPT.

(4) References: A total of 30 references are cited, including 5 published in the last 3 years.

Response: The references were revised.

4 Language evaluation: The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response: The grammatical errors in this study were revised by a professional English language editing company.

5 Specific comments: (1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

Response: The figures were all provided in the form of PPT.

(2) Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published, and correctly indicate the reference source and copyrights. For example, “Figure 1 Histopathological examination by hematoxylin-eosin staining (200 ×). A: Control group; B: Model group; C: Pioglitazone hydrochloride group; D: Chinese herbal medicine group. Citation: Yang JM, Sun Y, Wang M, Zhang XL, Zhang SJ, Gao YS, Chen L, Wu MY, Zhou L, Zhou YM, Wang Y, Zheng FJ, Li YH. Regulatory effect of a Chinese herbal medicine formula on non-alcoholic fatty liver disease. World J Gastroenterol 2019; 25(34): 5105-5119. Copyright ©The Author(s) 2019. Published by Baishideng Publishing Group Inc[6]”. And please cite the reference source in the references list. If the author fails to properly cite the published or copyrighted picture(s) or table(s) as described above, he/she will be subject to withdrawal of the article from BPG publications and may even be held liable.

Response: All figures in the manuscript were created by the author, and the copyright belongs to the authors.

(3) Please don't include any \*, #, †, §, ‡, ¥, @....in your manuscript; Please use superscript numbers for illustration; and for statistical significance, please use superscript letters. Statistical significance is expressed as aP <0.05, bP <0.01 (P >

0.05 usually does not need to be denoted). If there are other series of P values, cP <0.05 and dP <0.01 are used, and a third series of P values is expressed as eP <0.05 and fP <0.01.

Response: We don't use “\*, #, †, §, ‡, ¥, @” in my manuscript.

(4) Please add the Core tip section. The number of words should be controlled between 50-100 words.

Response: The core tip section was added to the manuscript.

(5) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text (and directly before the References).

Response: The “Article Highlights” section was added to the manuscript.

(6) Please provide the Informed consent statement.

Response: The informed consent statement was uploaded.

(7) Please add the author's contribution section. The format of this section will be as follows: Author contributions: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; Wang CL, Liang L and Fu JF wrote the paper.

Response: The author's contribution section “Long Huang wrote the paper. Long Huang, Qinglin Li and Qingsheng Yu designed the research; Yi Shen and Qi Zhang performed the research; Hui Peng and Zhou Zhen analyzed the data; All the authors contributed to this paper.” was added to the manuscript.

(8) Please provide all fund documents.

Response: All fund documents were uploaded.

(9) Please provide the Biostatistics statement.

Response: the Biostatistics statement was uploaded.

(10) Please provide the Institutional review board statement.

Response: The Institutional review board statement was uploaded.

6 Recommendation: Conditional acceptance.

***(2) Company editor-in-chief:***

I recommend the manuscript to be published in the World Journal of Gastrointestinal Surgery. When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the RCA, of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Response: The highlights of the latest cutting-edge research results were added to the manuscript, and the article was revised.