

### Reply to the reviewers' comments

Question Number	Original comments of the reviewer	Reply by the author(s)	Changes done on page number and line number
Reviewer 1 Q1	Abstract. Does the abstract summarize and reflect the work described in the manuscript?	Chang-Cheng Su	I think our core thinking is already described clearly in the Abstract after minor revise of our original version of manuscript. The revision is shown in red.
Reviewer 1 Q2	Do figures require labeling with arrows, asterisks etc., better legends?	Chang-Cheng Su	We both labeling arrows and provided figure legends in our manuscript.
Reviewer 2 Q1	quadrant not quarter	Chang-Cheng Su	Thanks for the kind suggestion. Corrected as required
Reviewer 2 Q2	What do you mean by bidirectional relationship between inflammation and perturbation of the coagulation process?	Chang-Cheng Su	We added in fourth paragraph in discussion and elaborate the bidirectional relationship between inflammation and coagulation process, which labeled in red.
Reviewer 2 Q3	How rare is celiac trunk thromboembolism complicated by splenic infarction in percentage?	Chang-Cheng Su	We added citation of reference 2, a systematic literature review. Splenic infraction was found in 32 patients, 0.016% of admissions, which imply the situation to be a rare event.
Reviewer 2 Q4	What are the missed diagnosis or misdiagnosis in variable clinical clues and complex etiology?	Chang-Cheng Su	We mean the true reasons of celiac trunk thrombosis were not fully explored by previous literature here.
Reviewer 2 Q5	What kind of vascular and thrombotic diseases that is detected by CECT?	Chang-Cheng Su	In our article, I think it clearly mean celiac trunk thromboembolisms complicated with splenic infarction.

Reviewer 2 Q6	What are possible underlying etiology when dealing with splenic infarction?	Chang-Cheng Su	Thanks for the remind. We mentioned in first paragraph of discussion. According to reference 2 and reference 6, cause of splenic infarction most common predisposing factor was atrial fibrillation, hypercoagulation status caused by hematologic disease or virus infection.
Reviewer 2 Q7	What are the incidence of gallstone disease in Western countries?	Chang-Cheng Su	As required added percentage in introduction.
Reviewer 2 Q8	What do you mean when came to outpatient clinic but he was referred to emergency department. So the patient visited which one first?	Yao-Tung Wang	We described more detail in the description of <i>History of present illness</i> .
Reviewer 2 Q9	What is the benefit of saying no habits of chewing betel nuts?	Yao-Tung Wang	Thanks for the remind. Due to less relevant to our topic, we deleted the sentence.
Reviewer 2 Q10	Write the full name of abbreviation (NOAC)	Yao-Tung Wang	We corrected this problem as required.
Reviewer 2 Q11	The patient treatment in hospital was only heparin for 3 days.?? then switched to apixaban? Were hematology on board? Who decided the anticoagulation type and doses?	Yao-Tung Wang	We add detailed description in this part in paragraph <i>Treatment</i> .
Reviewer 2 Q12	The patient six weeks after discharge, he was readmitted. The patient was not seen in regular clinic after discharge?	Yao-Tung Wang	We added the description in OUTCOME AND FOLLOW UP. This part is marked in red.

