Re: 81533

Title: Early postsurgical lethal outcome due to splenic littoral cell angioma: A case report and literature review

Dear editors,

Thank you very much for your helpful suggestions on our manuscript. We are extremely grateful for the opportunity to improve it.

Below, we provide our response to reviewers and describe our revisions. We hope that these changes address the reviewers' concerns.

We truly appreciate your time and effort and look forward to hearing from you.

Sincerely,

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Dear Reviewer 1,

Thank you very much for your recognition of our work. Your comments were very helpful. According to your suggestions, we have further revised the article.

Suggestion 1：

The only thing that leaves some doubt is the fact that it was not possible to know the exact cause of the patient's death.

Reply:

The patient with LCA died of multiple organ dysfunction syndrome (MODS) 4 months after surgery.

Suggestion 2:

The figures are easy to understand and the table is very explanatory. I believe it can be accepted as it is without notable changes.

Reply:

Thank you for your recognition.

Dear Reviewer 2,

Thank you very much for your valuable comments. According to your suggestions, we have revised the article. Our article has also been re-edited by a native English speaker. We hope that this revision is satisfactory.

Suggestion 1:

Too many abbreviations: please add at the end of the manuscript an ad hoc section, explaining all acronyms.

Modifications of the original (page 10):

Abbreviations：

ALF: acute liver failure; CECT: contrast-enhanced computed tomography; CEUS: contrast-enhanced ultrasound; CT: computed tomography; HU: Hounsfield unit; LCA: littoral cell angioma; MODS: multiple organ dysfunction syndrome; US: ultrasound.

Suggestion 2:

Figure 4 is illegible, mainly because the immensity of the data it holds inside. Please consider separating it in two-three subsets as to increase understandability.

Explanation:

Given the word limit, we modified the size and resolution of the text in the picture to highlight the key content.

Dear Reviewer 3,

Thank you very much for your valuable comments. According to your suggestions, we have revised the article. Our article has also been re-edited by a native English speaker. We hope that this revision is satisfactory.

Suggestion 1 and 3:

1. The description was not clear, and the formats was not met a standard case report.

3. Case presentation should be combined in a whole section.

Explanation:

We have ensured that the article is written according to the required format.

Suggestion 2:

2. The conclusion of abstract should be modified and precise.

Modifications of the original (page 3):

Preoperative diagnosis of LCA is challenging. We systematically reviewed online databases to identify the relevant literature and found a close relationship between malignancy and immunodysregulation. When a patient suffers from both splenic tumors and malignancy or immune-related disease, LCA is possible. Due to potential malignancy, total splenectomy (including accessory spleen) and regular follow-up after surgery are recommended. If LCA is diagnosed after surgery, a comprehensive postoperative examination is needed.

Suggestion 4:

4. "Further diagnostic work-up" did not mean operation and pathological findings.

Explanation:

For LCA, operation and pathology findings are the only methods of diagnosis.

Suggestion 5 and 6:

5. It is unclear for the association between splenectomy and subsequent liver failure.

6. The discussion seemed like to be another study, rare connection between the case and the discussion.

Explanation:

The patient had no basic diseases, relevant family history or medication history. The splenectomy (for LCA) was thus the only event that may have caused liver failure.

Company editor-in-chief:

Suggestion:

I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, when revising the manuscript, the author must 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 a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. 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/.

Modifications of the original (On page 3) :

This database is really very convenient and practical. We will promote it to people around us.

1. Modifications of the original (page 7) :

According to your suggestion, we use this system and other databases to retrieve the LCA and update the number of cases.

DISCUSION

To obtain a better understanding of LCA, we systematically searched the PubMed, Embase, Web of Science and Cochrane Library databases for relevant data between 1991 and December 1st, 2022.

We included 167 studies containing 319 cases of LCA.

LCA has a close relationship with malignancy (78/319) (hematological malignancy, gastrointestinal cancer, genitourinary cancer, endocrine cancer, etc.) and immunodysregulation (47/319) (vital hepatitis, liver cirrhosis[9], Crohn's disease, immune thrombocytopenia, etc.) and has the potential for recurrence and malignant transformation.

2. Modifications of the original :

DISCUSION (page 9)

Once LCA is diagnosed after surgery, standard postoperative long-term follow-up should be performed strictly[28].

REFERENCES (page 14)

28. Arcuri PP, Taglianetti S, Vavalà B, Battaglia C, Laganà D, Manti F. Incidental littoral cell angioma of the spleen: cross-sectional imaging findings and review of the literature. Radiol Case Rep2022;17:3545-3550. [PMID: 35923330 DOI: 10.1016/j.radcr.2022.06.063]