

Format for ANSWERING REVIEWERS

November 8, 2013

Dear Editor,



Thank you again for your time and effort to review this study. We appreciate your precious advices for this paper and have carefully revised our manuscript as suggested.

Please find enclosed the edited manuscript in Word format (file name: 6270-edited.doc).

Title: Total splenic artery embolization for splenic artery aneurysms and normal spleen

Author: Er-Sheng Li, Ji-Xing Mu, Shuan-Meng Ji, Xiao-Min Li, Lan-Bin Xu, Tian-Chang Chai, Jun-Xiao Liu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6270

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer 1

I have reviewed the manuscript: "Outcomes of total embolization of the main splenic artery for patients with splenic artery aneurysms normal spleen". Base on previous studies, splenic artery aneurysms that are symptomatic, enlarging, more than 2 cm in diameter or those detected in pregnancy, childbearing age or following liver transplantation are at high risk of rupture and should undergo active treatment. The primary therapeutic approach should be endovascular therapy by either embolization or stent grafting. Transcatheter embolization of splenic artery aneurysms is safe and effective and may induce less morbidity than open surgery. However, a concern for splenic insufficiency exists after main splenic artery embolization. Below are some of the comments on this manuscript.

Major recommendation: This is a retrospective study, included 35 patients who presented with splenic artery aneurysms and normal spleen. The topic is interested but may need some revisions.

1. Need language corrections by a native English speaker.

Yes, we ask the native English speaker to revise the language.

2. The title "Outcomes of total embolization of the main splenic artery for patients with splenic artery aneurysms normal spleen" could be adjusted as "Outcomes of total embolization of the main splenic artery for patients with splenic artery aneurysms and normal spleen".

Yes, we revised accordingly.

3. The authors mentioned in the Results section: "Follow-up clinical results and Changes in splenic volume after embolization" may make readers confused. I highly suggested the statements in these two paragraphs should be rephrased.

Yes, we rephrased the sentences.

4. "First paragraph in the Discussion section "stated" There are four main findings from this study:", however, the statements were not clear and easily confused. I would suggest the statement in this paragraph should be rephrased.

Yes, we rephrased the sentences.

5. Table 1: There were some confused data such as complications, This should be rechecked.
Complications Minor complications 0.245 Post-embolizationsyndrome 6 (77.8) 3 (100 %)

Yes, you are right, and we correct it.

Minor recommendation:

1. Page 4, line 3: "The diagnostic of SAAs..." should be corrected as "The diagnosis of SAAs..."

Yes, we revised accordingly.

2. Page 4, line 20: " with CT and clinical follow-ups of < 1 years in 8 patients..." should be corrected as " with CT and clinical follow-up < 1 year in 8 patients..."

Yes, we revised accordingly.

3. Page 4, line 23: " Demographic and Clinical presentation of these patients..." should be corrected as " Demographics and clinical presentations of these patients..."

Yes, we revised accordingly.

4. Page 6, line 23: Any potential complications following PVP.... What does the PVP mean??

Sorry, we made a mistake, it should be following coil embolization, and we revised,

5. Page 8, line 17: " Result section:follow-up point after the procedures after the procedures." should be corrected as "follow-up point after the procedures."

Yes, we revised accordingly.

6. Page 9, line 3-5: "There were significantly differences in splenic volume between the two groups at each follow-up point, and there were also significantly differences in splenic volume in group A between preoperatively and each follow-up point." This sentence is incomprehensible and must be rephrased.

Yes, we rephrased the sentences.

7. Page 11, line 8-10: " Discussion section: First, the study was a retrospective study, and the patient population was relative small prevents us from, which may prevent us from generalizing our results. " this sentence is incomprehensible and must be rephrased.

Yes, we rephrased the sentences.

(2) Reviewer 2

This paper presented the influence of splenic arterial embolization upon the post-procedural change in splenic size. I have some questions and comments as follows.

Title: #1. This title "Outcomes of total embolization of the main splenic artery for patients with splenic artery aneurysms normal spleen" has a grammatical error. The word "and" is needed between "splenic artery aneurysms" and "normal spleen".

Yes, we revised accordingly.

Keywords: OK.

ABSTRACT Aim: OK. Methods: #2. Each number of Group A and B should be added.

Yes, we add.

#3. The methods how to evaluate the outcomes including the interval of follow-up CT should be concisely described.

Yes, we add.

Results: OK.

Conclusions: #4. This conclusion might mislead readers. Embolization of the main splenic artery is permissible treatment in some cases, however, there aren't enough data to indicate the usefulness and safety of this treatment in the present study. If the authors intend to state this conclusion, strict indication criteria of this treatment and the therapeutic effect should be analyzed and noticed.

Yes, you are right, there aren't enough data to indicate the usefulness and safety of this treatment in the present study. In this study, we just indicated that total embolization of the main splenic artery was a safe and feasible procedure for the patients with SAAs and normal spleen, and we know we need more samples and expanded follow-up studies to indicate the usefulness or effectiveness and safety of the treatment .

Introduction #5. In the first paragraph, the general risks of rupture of SAA such as diameter and shapes must be introduced. Moreover, specific percentage of a mortality rate after rupture is better to be mentioned.

Yes, we added the data and the references.

Materials and Methods Patients

#6. What were the indication criteria for embolization?

We have listed at the second paragraph of patient section.

#7. The diameters of SAAs have to be described.

Yes, we added accordingly.

Coil embolization

#8. The criteria to select which treatment (sac packing or splenic arterial embolization) should be described.

Yes, we added.

#9. The author described coils and/or gelform were used as embolization materials. What were the situations needed gelform?

We used gelform in case of the main splenic artery could not be completely embolized by coils.

#10. In the second from the last sentence, the word "coeliac" should be correct.

Yes, we corrected.

#11. Were balloon catheter or stent used for aneurysmal neck-plasty in the cases with sac packing?

No balloon catheter or stent used for aneurysmal neck-plasty in the cases with sac packing in this study.

Postoperative outcome evaluation

#12. In the second from the last sentence of the second paragraph (The infracted splenic volume...), the word "infracted" should be corrected.

Yes, we corrected.

#13. In the final part of the second paragraph, the information of splenic infarction rate is described. These data are better to be written in detail in the Results section and Table 2.

We listed the residual splenic volume in Table 2, and the data of splenic infarction rate in both groups can be calculated easily. We think it is not necessary list in Results section and Table 2.

#14. What is PVP (in the final sentence)?

Sorry, we made a mistake, it should be following coil embolization, and we revised,

Results #15. The status of aneurysms found in follow-up CT (e.g. changes in size, possible presence of recanalization or coil compaction) should be analyzed.

Just as we described in limitation, follow-up angiograms were not performed in this study, the possibility of recanalization of the main splenic artery or the SAAs could not be determined, therefore, the status of aneurysms found in follow-up CT (e.g. changes in size, possible presence of recanalization or coil compaction) could not be analyzed because of the artifact caused by coils.

#16. As I commented in #13, the data of splenic infarction rate in both groups are important and better to be added.

We listed the residual splenic volume in Table 2, and the data of splenic infarction rate in both groups can be calculated easily. We think it is not necessary to add in the results.

Discussion #17. This article lacks the information of the status of aneurysms after treatment. If the therapeutic effects have no difference between sac packing and splenic arterial embolization, sac packing might be preferred because that can maintain original circulation. The authors should indicate the lesions which could not be treated without splenic arterial embolization in detail. Without these data, usefulness of splenic arterial embolization could not be stated.

Yes, you are right.

Just as we described in limitation, follow-up angiograms were not performed in this study, the possibility of recanalization of the main splenic artery or the SAAs could not be determined, therefore, the status of aneurysms can not be given.

Table #18. The information of the size of SAAs in both groups should be added in Table 1.

Yes, we added.

#19. As I commented in #13, the data of splenic infarction rate in both groups is better to be added in Table 2.

We listed the residual splenic volume in Table 2, and the data of splenic infarction rate in both groups can be calculated easily. We think it is not necessary to add in the results.

Figure #20. The information about which group the patient belongs to should be added in the Figure captions or legends.

Yes, we added.

#21. Both patients of Fig. 1 and 2 are from Group A. Figures of the patient from group B is also better to be shown.

Yes, both patients of Fig. 1 and 2 are from Group A

#22. The slice levels of Fig. 1C and 1D are different, so it is inadequate to compare the splenic sizes.

Although, the slice levels of Fig. 1C and 1D are different, but they nearly came from the same slice of CT. In clinical, it is difficult to obtain the same slice of abdominal CT of the patients at different time, therefore, we thought, the slice levels of Fig. 1C and 1D are adequate to compare the splenic sizes.

(3) Reviewer 3

ESPS Manuscript NO: 6270 Title: Outcomes of total embolization of the main splenic artery for patients with splenic artery aneurysms normal spleen. This is a retrospective comparative study of two embolization techniques of 35 patients, divided into two groups (group A, n=16 and group B, n=19). The manuscript is well organized with good readability.

There are some comments on typographic issues:

Page 2: Abstract section: Please mention the number of patients included in each group.

Yes, we added accordingly.

Line 9: the percentage of patients having post-embolization syndrome is 6/16; 38%): please confirm or comment.

Yes, you are right, and we correct it.

Page 3: Line 8: patients instead of patents.

Yes, we revised accordingly.

Line 9: "...employed to produce complete occlusion of the SAAs".

Yes, we revised accordingly.

Page 4: Line 3: The diagnosis of SAAs ...instead of The diagnostic? Line 14: Forty-one instead of 41.

Yes, we revised accordingly.

Page 6: Line 23: Please describe PVP. The abbreviation should be cited full out for the first time mentioned in the text.

Sorry, we made a mistake, it should be following coil embolization, and we revised,

Page 7: Results section: Line 17: (6/16; 38%): please confirm or comment.

Yes, you are right, and we correct it.

Page 8: Line 17: Please delete after the procedures: it is typed twice.

Yes, we did.

Page 10: Line 15: used instead of use. Line 16: ...the latter instead of the later. Lines 16, 17 and 18: "In this study, although, shrinkage of the splenic volume in group A was obtained after total embolization of the main splenic artery, no mortality occurred, and the complications were under control.": Please specify how you were able to control the complications.

The complications were under control by confirmation of the patency of the collateral arteries, and we added in the discussion.

Page 11: Line 1: "differences in liver function..." instead of "differences liver function...". Line 5: "decrease" instead of "decreased". Line 6: "reason may be attributed to .." instead of "reason may attribute to .."???. Line 9: Please rephrase this sentence ... and the patient population was relatively small preventing us from generalizing our results.

Yes, we revised accordingly.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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