

We would firstly like to thank the reviewers and editors for considering and donating time and efforts to our manuscript entitled "Massive bleeding from gastric submucosal arterial collaterals secondary to splenic artery thrombosis: A case report and literature review." (Manuscript NO: 78280).

Our point-by-point responses to each of the issues raised in the peer-review report are presented below.

English language of the revised manuscript has been polished and a new language editing certificate has been provided.

We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in the World Journal of Gastroenterology.

We shall look forward to hearing from you at your earliest convenience.

Best regards,

Alberto Martino, MD

Gastroenterology and Digestive Endoscopy

AORN "A. Cardarelli", Napoli, Italy

**To Reviewer #1:**

1. Did the author investigate the cause of SAT (such as a hypercoagulable stage).

Response: We are very thankful for your comment. The following sentences has been added:

- Outcome and follow-up section: "The patient underwent hematology consultation and thrombophilic disorders were excluded."

- Discussion section: "In our case, the presumed etiology of GSAC was idiopathic SAT. Given the formation of an extensive collateral pathway preserving the splenic perfusion, complete SAO likely occurred gradually."

2. Because the patient had a GSAC with subsided bleeding (presence of sign of recent bleeding but not ongoing bleeding), this is the urgent condition for applying the definite treatment. Attempting endoscopic clipping did not obliterate the culprit vessel lesion and might result in a high chance of rebleeding. Please provide the rationale for endoscopic clip placement instead of putting the patient into TAE treatment.

Response: We are very thankful for your comment. The following sentences have been added in the further hospital course section: "Given the high-risk of massive early rebleeding due to the presence of a small erosion overlying one of the GSAC vessels, we decided to attempt therapeutic EGD in order to provide definitive treatment in a more stable non-emergent setting. The patient was informed that in case of

bleeding control failure, emergent transcatheter arterial embolization (TAE) would be performed by the pre-alerted interventional radiologist.”.

**To Reviewer #2:**

We are grateful for your comment.

1. There are here and there some spelling errors, but this should not obscure the real value of the paper. I consider it very appropriate for publishing once the little spelling errors have been corrected (e.g. in the abstract case summary section, there are duplicate words "emerging arising").

Response: English language of the revised manuscript has been polished and a new language editing certificate has been provided.

**To Science editor:**

Many thanks for considering our manuscript.

**To Company editor-in-chief:**

Many thanks for considering our manuscript.

1. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”.

Done.

2. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

Done.

3. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is ‘original’, the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

The figures are original. The copyright information has been added.

4. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

The title has been modified as follow: “Massive bleeding from gastric submucosal arterial collaterals secondary to splenic artery thrombosis: A case report and literature review.”