

Reviewer 03477897:

Thank you for your kind comments.

Reviewer 03031317:

Thank you for your suggestion. The reference to the splenic artery pseudoaneurysm has been removed from the title.

Reviewer 03475779:

Thank you for your comments.

- I agree that there is no definitive proof that cocaine ingestion has directly caused the splenic rupture experienced by this patient. However, this phenomenon has only been documented several times previously and hence it would be impossible to make an absolutely definitive statement about a cause-effect relationship in this setting. Certainly a randomised controlled trial to investigate this would not be possible or ethical.
- Additionally, it is known that cocaine has potent vasoactive effects and it is widely accepted that haemorrhagic cerebral events can occur as a result of its ingestion. It is therefore quite plausible to extrapolate that this could occur in other organs, such as the spleen.
- However, in order to reduce confusion and the possibility of being accused of making false claims, I have changed the phrase “cocaine-induced ASR” to “cocaine-associated ASR” in the Abstract and Discussion section.

Reviewer 02549888:

Thank you for your comments and suggestions.

- The term “atraumatic” was specifically chosen over “spontaneous” due to the uncertainty of the latter term and its use in varying contexts in earlier literature. While some papers used this term to refer only to splenic ruptures that occurred in normal spleens without trauma, some authors used this term to describe spleens that ruptured due to underlying histological abnormalities (such as lymphoma or other malignancy).
- In an attempt to reduce confusion over this issue, and in keeping with the nomenclature used by the systematic review performed by Renzulli et al. (Reference #2), I have intentionally chosen the term “atraumatic” over “spontaneous”. More recent publications on this topic also seem to favour the use of the term “atraumatic”.

- With regards to postulated mechanisms of rupture, I have included a section on the likely pathophysiology of EBV-associated splenic rupture (splenomegaly, parenchymal inflammation, capsular stretch and resultant rupture) and cocaine-associated rupture (potent vasoactive effects initially causing ischaemic infarction, followed by haemorrhagic transformation, similar to the way in which cerebral infarctions are caused by this drug).

Reviewer 00041858

Thank you for your comments.

- I have now added a section discussing splenic pseudocysts and splenosis to the Discussion part of the manuscript.

Thank you again for your comments and suggestions.

Yours sincerely,

Dr. Allan Kwok

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