

Dear reviewers and editors,

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in the revised manuscript. Point-by-point responses to the reviewers' comments are listed below this letter. This manuscript has been edited and proofread in standard English. We hope that the revised version of the manuscript is now acceptable for publication in your journal.

Dear reviewer 1:

Issue 1: You said that Surgical treatment was selected based on the anatomic location of the aneurysm, possible rupture of the SAA and the patient's choice hence there are 3 choices A-splenectomy in 50y old male B-Endovascular treatment and C-SAA resection. your choice was SAA resection Why? do didn't mention any base or guidelines.

Answer 1: The management of an asymptomatic splenic artery aneurysm (SAA) is still controversial, SAAs > 2 cm in size should be treated according to literatures. As far as we know, there are no guidelines about SAA. Three main treatment methods(endovascular treatment, open surgery and laparoscopic surgery.) for SAA could be selected. The surgical procedure usually involves splenectomy, and interventional

therapy may cause post-embolization syndromes. We offered treatment options for the patient to choose and decided whether the spleen was removed based on the blood supply of the spleen after SAA resection.

Issue 2: You are assessing Indocyanine green fluorescence imaging for spleen preservation in laparoscopic splenic artery aneurysm resection to detect the efficiency of blood supply to the spleen. You didn't mention the cost of Indocyanine green.

Answer 2: The price of indocyanine green(ICG) is affordable for most patients at \$18.8 U.S. dollars.

Issue 3: The color change for spleen after SAA resection, Is it not enough to detect the spleen infarction? as spleen infarction appears rapidly or a segment of spleen infarction due to its segmental blood supply. Greatings

Answer 3 : Based on the characteristics of ICG and experience of fluorescence imaging-guided laparoscopic hepatectomy, ICG fluorescence imaging can detect segmental blood supply to spleen theoretically. However, ICG fluorescence imaging is rarely reported in splenic surgery. A recent study showed that ICG could visualize the spleen to assess the splenic blood supply, facilitating laparoscopic partial splenectomy. More clinical studies are required to explorer whether ICG is enough to detect the spleen infarction. In this case, during the

follow-up period, no spleen infarction was observed.

Dear reviewer 2: Specific Comments to Authors: Congratulations to the authors. Very interesting case because it is well described and full of ideas for the possibility of being able to use this technique also in the management of splenic trauma.

Reply : Many thanks for the recognition and praise of our study, and we will continue to explore more interesting clinical studies for sharing.