

Title: Successful splenic artery embolization in a patient with Behçet's syndrome-associated splenic rupture: a case report

Journal: World Journal of Gastrointestinal Surgery

Response to Reviewers' comments

Dear Editor,

We thank you for your careful consideration of our manuscript. We appreciate your response and overall positive initial feedback and made modifications to improve the manuscript. After carefully reviewing the comments made by the Reviewers, we have reorganized the literature data, modified the manuscript to improve the presentation of our results and their discussion, therefore providing a complete context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Best regards,

Reviewer #1

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors:

I consider this a rare case that is worthy of publication as a case report, but I judged it to be a major revise because I consider it necessary to revise some part of the article, such as the part of "Discussion" of the case. I discuss the problems below.

Major point P6 L22 I think that the most important question raised by this case report is whether the splenic rupture is related to Behcet's disease" Angiography was performed, but there are no obvious hemorrhage-causing changes in the splenic artery or splenic vein. Therefore, it is necessary to clarify the cause of the splenic rupture. For example, is it triggered by the vasculitis of microvasculature seen in Behcet's disease? Or is there no relation between Behcet's disease and the splenic rupture in this case? If you believe that there is a causal relationship between the pathophysiology of Behcet's disease and the splenic rupture in this case, please address your argument in the Discussion section.

Response: The Reviewer raises a good point. We have no absolute proof that the splenic rupture was caused by BS. Still, splenic rupture was possibly caused by BS since all other possible causes of splenic rupture (e.g., trauma and bouts of coughing) were excluded, but no pathological evidence supports it. On the other hand, splenic rupture has been reported in BS ^[1]. It was clarified in the manuscript.

Minor point • P4 L17: Since this is a case of splenic rupture, it should be mentioned whether or not there is a history of trauma immediately prior to the onset of the disease.

Response: The Reviewer raises a good point. The patient had no history of trauma (or other possible causes of splenic rupture). It was clarified in the manuscript.

P5 L6, L9: The unit for hemoglobin is typically g/dL. If you are using g/L, please specify this.

Response: We thank the Reiviewer. We confirm that The unit for hemoglobin was g/L in our medical center.

P5 L16: Please clarify when the postoperative angiogram was performed. Was it done immediately after the CT scan? What was the reason for the angiogram?

Response: We thank the Reviewer. The abdominal CT indicated splenic rupture and subcapsular hematoma. The angiogram was performed immediately after the CT scan (along with arterial embolization).

P5 L20: Please provide a contrast CT image that shows the subcapsular hematoma.

Response: We thank the Reviewer. Unfortunately, the subcapsular hematoma was found by abdominal CT, not contrast-enhanced CT.

P6 L10: The treatment of embolization with angiography should be described in the Case Presentation section, not in the Discussion section. For example, you could include this information in the Image Evaluation section of 7).

Response: We agree with the Reviewer. The information was move to the Case presentation. Besides, we had added “Final Diagnosis”, “Treatment”, and “Outcome and Follow-up” sections to the Case presentation according to the journal guideline, the treatment of embolization with angiography were described in the “**treatment**” section.

Reviewer #2

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

The authors described a case of Behçet's syndrome (BS)-associated splenic rupture treated with splenic artery embolization (SAE) successfully. Although the manuscript presented a new treatment option for BS, the introduction and the image procedures for SAE were simple and inadequate.

Response: We thank the Reviewer. A 5F short sheath was placed in the right femoral artery for reverse puncture. An RH catheter was placed for splenic arteriography. No clear signs of contrast agent exudation, aneurysms, or false aneurysms were found in the splenic artery trunk and splenic artery branches. The embolization was performed using a microcatheter (Progreat; Terumo, Tokyo, Japan) that supplied 900-1200-µm microspheres (Embosphere; Merit Medical Systems, South Jordan, Utah, USA). It was clarified in the manuscript.

The discussion of the manuscript should be revised for readability.

Response: We thank the Reviewer. The discussion was revised.

Language polishing requirements for revised manuscripts submitted by authors who are non-native speakers of english

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Response: The manuscript was proofread.

Abbreviations

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. The basic rules on abbreviations are provided here:

- (1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.*
- (2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.*
- (3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).*
- (4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.*
- (5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)*
- (6) Main Text: Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)*
- (7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)*
- (8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.*
- (9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.*

Response: The abbreviations were revised along those guidelines.

Science editor

1 Conflict of interest statement: Academic Editor has no conflict of interest.

2 Manuscript's theme: The topic is within the scope of the journal.

3 Scientific quality: The author submitted a case report of successful splenic artery embolization in a patient with Behçet syndrome related splenic rupture. The manuscript is overall qualified.

(1) Advantages and disadvantages: The reviewers have given positive peer-review reports for the manuscript. Classification: Grade C and Grade D; Language Quality: Grade A and Grade B. The authors described a case of Behçet's syndrome (BS) associated splenic rupture treated with splenic artery embolization (SAE) successfully. Although the manuscript presented a new treatment option for BS, the introduction and the image procedures for SAE were simple and inadequate. The discussion of the manuscript should be revised for readability.

Response: We thank the Science Editor. A 5F short sheath was placed in the right femoral artery for reverse puncture. An RH catheter was placed for splenic arteriography. No clear signs of contrast agent exudation, aneurysms, or false aneurysms were found in the splenic artery trunk and splenic artery branches. The embolization was performed using a microcatheter (Progreat; Terumo, Tokyo, Japan) that supplied 900-1200-µm microspheres (Embosphere; Merit Medical Systems, South Jordan, Utah, USA). It was clarified in the manuscript.

Major point: (1) P6 L22 the most important question raised by this case report is whether the splenic rupture is related to Behcet's disease" Angiography was performed, but there are no obvious hemorrhage-causing changes in the splenic artery or splenic vein. Therefore, it is necessary to clarify the cause of the splenic rupture. For example, is it triggered by the vasculitis of microvasculature seen in Behcet's disease? Or is there no relation between Behcet's disease and the splenic rupture in this case? If you believe that there is a causal relationship between the pathophysiology of Behcet's disease and the splenic rupture in this case, please address your argument in the Discussion section;

Response: We thank the Science Editor. We have no absolute proof that the splenic rupture was caused by BS. Still, splenic rupture was possibly caused by BS since all other possible causes of splenic rupture (e.g., trauma and bouts of coughing) were excluded, but no pathological evidence supports it. On the other hand, splenic rupture has been reported in BS ^[1]. It was clarified in the manuscript.

(2) P4 L17: Since this is a case of splenic rupture, it should be mentioned whether or not there is a history of trauma immediately prior to the onset of the disease;

Response: We thank the Science Editor. The Reviewer raises a good point. The patient had no history of trauma (or other possible causes of splenic rupture). It was clarified in the manuscript.

(3) P5 L6, L9: The unit for hemoglobin is typically g/dL. If you are using g/L, please specify this;

Response: We confirm that it was g/L.

(4) P5 L16: Please clarify when the postoperative angiogram was performed. Was it done immediately after the CT scan? What was the reason for the angiogram?

Response: We thank the Reviewer. The abdominal CT indicated splenic rupture and subcapsular hematoma. The angiogram was performed immediately after the CT scan (along with arterial embolization).

(5) P5 L20: Please provide a contrast CT image that shows the subcapsular hematoma; and

Response: We thank the Reviewer. Unfortunately, the subcapsular hematoma was found by abdominal CT, not contrast-enhanced CT.

(6) P6 L10: The treatment of embolization with angiography should be described in the Case Presentation section, not in the Discussion section. For example, you could include this information in the Image Evaluation section of 7.

Response: We agree. It was moved to Case Presentation section. Besides, we had added “Final Diagnosis”, “Treatment”, and “Outcome and Follow-up” sections to the Case presentation according to the journal guideline.

(2) Main manuscript content: The author clearly stated the purpose of the study and the research structure is complete. However, the manuscript still require a further revision according to the detailed comments listed below.

(3) Table(s) and figure(s): There is 1 Figure and no Table should be improved. Detailed suggestions for each are listed in the specific comments section.

(4) References: A total of 8 references are cited, including 2 published in the last 3 years. The reviewer didn't request the authors to cite improper references published by him/herself.

4 Language evaluation: The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjnet.com/bpg/gerinfo/240>.

Response: We thank the Science Editor. The manuscript was proofread.

5 Specific comments:

(1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends require a general title and explanation for each figure. Such as A: ; B: ; C: .

Response: We are now providing the figure as an editable PPT file.

(2) *The last keyword should be “case report”.*

Response: It was added.

6 *Recommendation: Conditional acceptance.*

Company editor-in-chief

I have reviewed the Peer-Review Report, full text of the manuscript, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

When revising the manuscript, it is recommended that the author 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 PubMed, or a new tool, the Reference Citation Analysis (RCA), of which data source is PubMed. RCA is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. 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/>, or visit PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>.

Response: We thank the Editor-in-Chief. The literature on the subject is very scarce. I could not identify additional (or more recent) relevant studies.

References

1. Dolar E, Uslusoy H, Kiyici M, Gurel S, Nak SG, Gulten M, et al. Rupture of the splenic arterial aneurysm due to Behcet's disease. *Rheumatology (Oxford)*. 2005;44(10):1327-8.