

November 17, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name:14235 -review.doc).

Title: Partial Splenectomy Using a Laparoscopic Bipolar Radiofrequency Device: A Case Report

Author: Wang WeiDong, Lin Jie, Wu ZhiQiang, Liu QingBo, Ma Jing, Chen XiaoWu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14235

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) The Sentence that “The mass was not an angioma or metastatic tumor” is a mistakes for the Sentence“*The mass differentiates from an angioma to a metastatic tumor*”. We have corrected the mistakes in the manuscript. The lesion of the spleen is difficult to diagnose preoperatively because of the atypical imaging characteristics. Although we infer it to be a benign lesion most likely, but computed tomography scan can't differentiates it from a metastatic tumor. So, in our opinion, beside the upper abdominal discomfort, it should be resected for a Pathological diagnosis.

(2) Yes, we could not diagnose the lymphangioma preoperatively, because the imaging features were not typical. Some time, it is difficult to differentiate from a splenic cyst/angioma or a metastatic tumor in the clinical, indeed.

(3) We also thought about intraoperative frozen pathologic examination in Preoperative. When we completed the operation and took out the specimen, we cut off the lesion of the spleen to take a Careful observation. It looked like sponginess and felt soft. With our experience, it was a splenic angioma or a splenic lymphangioma. Even if it was a metastatic tumor, partial splenectomy was enough for adequate surgeric margins due to the rather small size of the lesion. Moreover, primary malignant tumor didn't be found in any other Organs of the patient. So, we didn't take a intraoperative frozen pathologic examination.

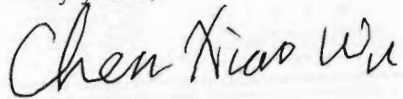
3 In the Figure 1, “No-enhancing” should be corrected for “Enhancing”.

4 The "COMMENTS" have been added.

5 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink that reads "Chen Xiao Wu". The signature is written in a cursive, flowing style.

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