Dear Dr. Liu,

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 84989, Retrospective Study) basically meet the publishing requirements of the *World Journal of Gastrointestinal Surgery*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers’ comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

**1 MANUSCRIPT REVISION DEADLINE**

We request that you submit your revision in no more than **14 days. Please note that you have only two chances for revising the manuscript.**

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**3 SCIENTIFIC QUALITY**

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

**Reviewer #1:**

- **Scientific Quality:** Grade B (Very good)
- **Language Quality:** Grade B (Minor language polishing)
Conclusion: Minor revision

Specific Comments to Authors: This is a very interesting and educating paper reporting on the use of ABMI combined with splenectomy on DLC with eighty-three patients. They found that ABMI through portal vein in patients with DLC can significantly improve liver synthesis and secretion function, and removal of spleen promotes improvement of bone marrow hematopoietic and cellular immune functions. The authors should be congratulated for the tremendous effort they spent and the manuscript should be published after minor language polishing. For example the title would be better read like this "Autologous bone marrow infusion via portal vein combined with splenectomy for decompensated liver cirrhosis: a retrospective study".

Responses: The tiles was replaced. thanks!

Reviewer #2:

Scientific Quality: Grade D (Fair)
Language Quality: Grade C (A great deal of language polishing)
Conclusion: Major revision

Specific Comments to Authors: Although stem cell therapy for advanced liver illnesses has received a lot of interest lately, there is still a lack of large-scale, stratified trials, which leaves a knowledge vacuum on its effectiveness and safety. The value of the current study is constrained by its retrospective methodology, which only included a small number of selected patients. Moreover, the suggested surgical splenectomy in patients with decompensated cirrhosis can’t be a viable option just to relieve hypersplenism. Furthermore, I think that the topic of this paper might not be appropriate for the AI gastroenterology journal.

Responses: I strongly agree with your views, but as most of these patients were admitted to hospital in emergency, their general condition was poor and they were not equipped to perform more traumatic operations such as portal shunt, so only splenectomy was performed in this group. It is not appropriate for this article to be submitted to the journal of AI gastroenterology. We have changed it to the World Journal of Gastrointestinal Surgery.

The write up of the current study needs significant improvement. The English language is not clear at multiple places, particularly in the abstract.

Responses: The further language polishing was performed in this paper.

As the splenectomy group has been designated as the observation group and ABMI is the control, the patient stratification is confusing. Are the authors referring to the intervention group as the observation group? A separate table should provide the baseline characteristic.

Responses: We have replaced the observation group with the intervention group. The baseline characteristic was shown in table 1.

It is necessary to provide data on survival and MELD score changes in the study groups.
Responses: In the results, we have already compared the mortality rate. At the same time, because the follow-up time is only 1 year (a bit short), so we do not use Kaplan-Meier survival analysis in different groups. The MELD score changes were added in the study groups.

4 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.

5 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.

Responses: checked.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

Responses: added.
(3) **Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori (H. pylori)*.

Responses: checked.

(4) **Key Words:** Abbreviations must be defined upon first appearance in the Key Words.

Responses: checked.

(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)*.

Responses: checked.

(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)*.

Responses: checked.

(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)*.

Responses: checked.

(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.

Responses: added.

(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.

Responses: added.

6 **EDITORIAL OFFICE’S COMMENTS**
Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) **Science editor:**

The manuscript has been peer-reviewed, and it’s ready for the first decision.

(2) **Company editor-in-chief:**

I recommend the manuscript to be published in the World Journal of Gastrointestinal Surgery. Before final acceptance, when revising the manuscript, the author must 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 a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. 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/.

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**Step 2:** Manuscript Information

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**Step 3:** Abstract, Main Text, and Acknowledgements

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Best regards,

Lian-Sheng Ma, Editorial Office Director, Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-399-1568

E-mail: l.s.ma@baishideng.com

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