

# Response Letter

## Response to Reviewer #1

Dear Reviewer,

I would like to sincerely thank you for your thorough review and valuable feedback on my manuscript. I truly appreciate the time and effort you invested in reviewing my work, as your insights have greatly contributed to enhancing its quality.

I have addressed your comments as follows:

*1. Please provide a table summarizing the amount of bleeding and the duration of surgery for each case.*

**Reply:** I completely agree with your point and have revised the manuscript accordingly to include the suggested data as follows:

**“Four patients underwent successful surgeries; the operation duration and blood loss during the procedures are listed in Table 1.”**

Table 1: Operation duration and blood loss of four patients

	Operation duration	Blood loss
Patient A	120 min	20 ml
Patient B	160 min	20 ml
Patient C	145 min	100 ml
Patient D	180 min	100 ml

*2. Please present the macroscopic photographs of the resected specimens for the four*

*cases. Were the specimens fragmented using tissue scissors? Preoperative CT alone is insufficient for diagnosis. Do you not require a pathological diagnosis? If you cannot provide macroscopic photographs, you should at least present postoperative CT images.*

**Reply:** Regarding the issues you raised, the original text mentions that " The specimen was then fragmented by using tissue scissors for retrieval." Before the surgery was finished, the resected specimen was cut into smaller parts while still in the bag, and then removed through navel incision. This technique allowed us to extract the specimen without extending the incision beyond 2 cm, which effectively reduced both pain and the risk of infection at the incision site. Since the specimens have been chopped, we're unable to provide macroscopic photographs; however, we can present screenshots from the surgical videos.

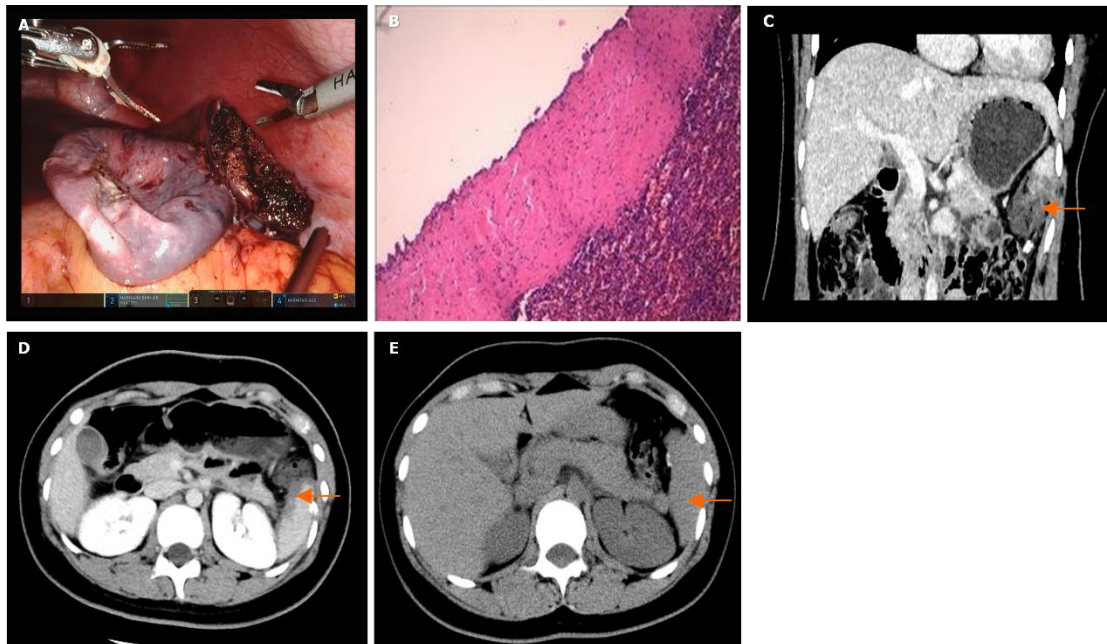
Additionally, we also realized that the original manuscript did not provide enough diagnostic criteria for the patients. Therefore, based on your suggestions, we have added the pathological diagnoses in the revised manuscript. We also added CT images from follow-up exams conducted at 3 days and 6 months after surgery in the revised manuscript.

I have revised the manuscript as follows:

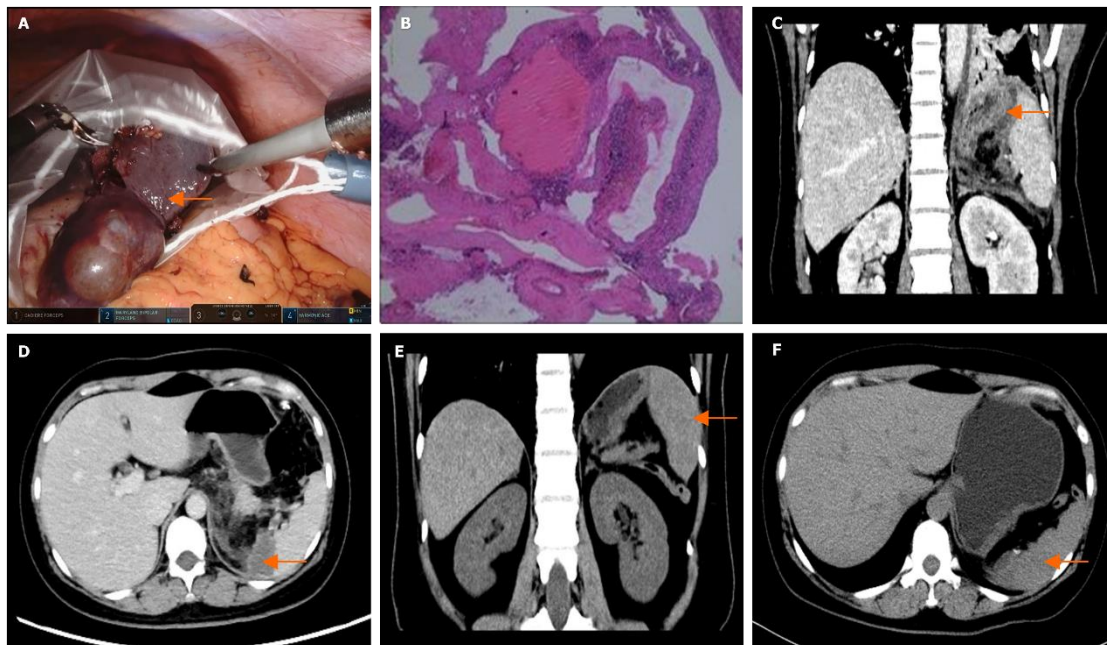
The patients recovered smoothly after the operation and were discharged on the fifth or sixth postoperative days. Histopathology confirmed that there was no evidence of malignancy. Patient A's pathology results indicated a primary splenic cyst (Fig. 4B). Patient B's pathology result showed splenic hemangiomas (Fig. 5B). Patient C's pathology result indicated a splenic hemangioma (Fig. 6B). Patient D's pathology results revealed a splenic cyst (Fig. 7B).

Four patients had CT scans on the third day after surgery, and the results revealed some effusion around the spleen (Fig. 4C and 4D, Fig. 5C and 5D, Fig. 6C and 6D, Fig. 7D). Blood tests revealed no significant abnormalities. A follow-up CT scan six months after surgery for the four patients revealed no signs of tumor recurrence in the spleen. (Fig. 4E, Fig. 5E and 5F, Fig. 6E, Fig.

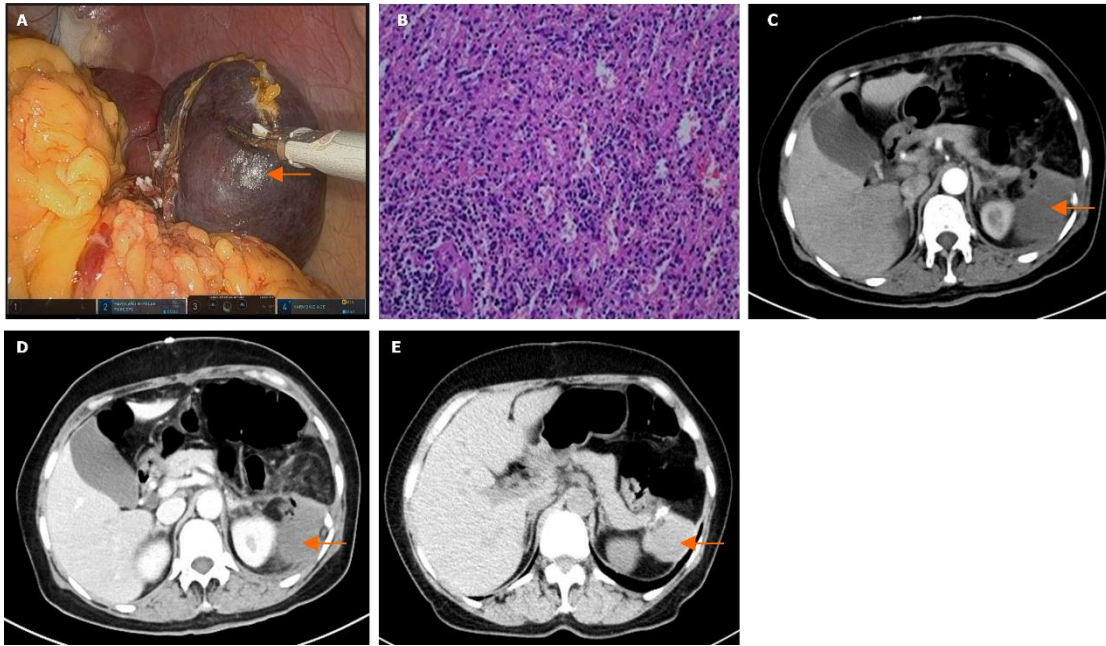
7E).



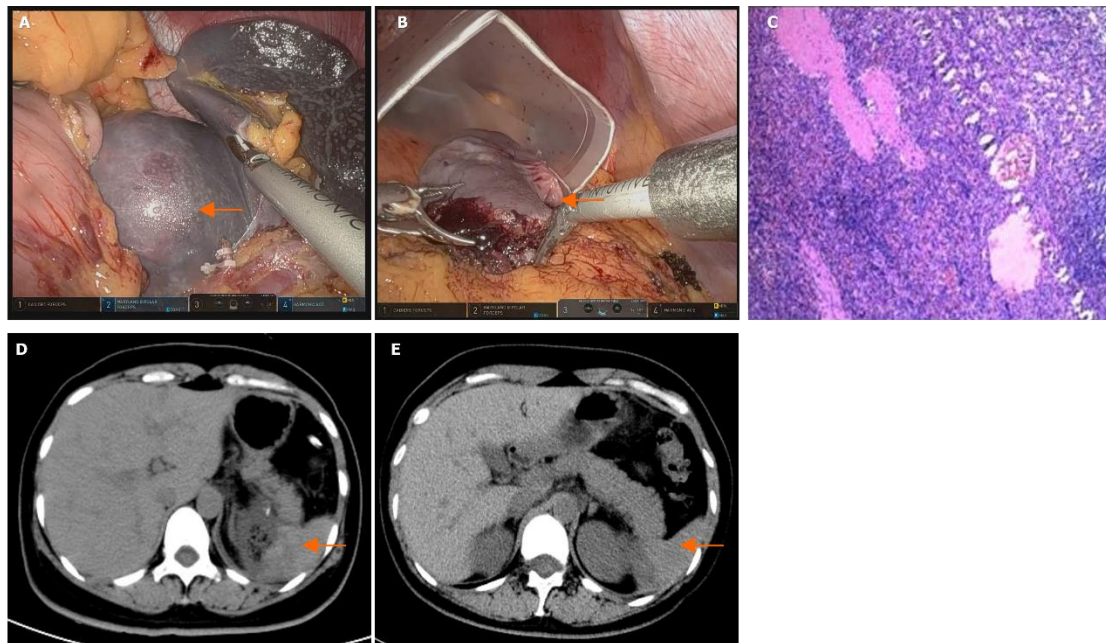
**Figure 4:** **A:** Resected specimen from Patient A. The contents of the cyst had already leaked out. **B:** Histopathological analysis and immunohistochemical examination of the resected specimen: primary splenic cyst. **C and D:** CT images of Patient A on the third day after surgery. There was some effusion around the spleen (arrows). **E:** A follow-up CT scan of Patient A at six months post-surgery revealed that there was no tumors in the spleen.



**Figure 5:** **A:** Resected specimen from Patient B. **B:** Histopathological analysis and immunohistochemical examination of the resected specimen: splenic hemangiomas. **C and D:** CT images of Patient B on the third day after surgery. There was some effusion above the spleen (arrows). **E and F:** A follow-up CT scan of Patient B at six months post-surgery indicated that there was no tumors in the spleen (arrows).



**Figure 6:** **A:** Resected specimen from Patient C. **B:** Histopathological analysis and immunohistochemical examination of the resected specimen: splenic hemangiomas. **C and D:** CT images of Patient C on the third day after surgery. There was some effusion above the spleen (arrows). **E and F:** A follow-up CT scan of Patient C at six months post-surgery indicated that there was no tumors in the spleen (arrows).



**Figure 7:** **A and B:** Resected specimen from Patient D. **C:** Histopathological analysis and immunohistochemical examination of the resected specimen: splenic cyst. **D:** CT images of Patient D on the third day after surgery. There was some effusion above the spleen (arrows). **E:** A follow-up CT scan of Patient D at six months post-surgery indicated that there was no tumors in the spleen (arrows).

3. For some of the CT images, please crop them more carefully to show the lesions more

*clearly.*

**Reply:** I completely agree with your point and have revised the CT images in the manuscript. I highlighted the tumors, the fluid surrounding the spleens, and the postoperative spleens in the CT images by arrows.

Your recommendations have been incredibly helpful, and we are genuinely grateful for your guidance throughout this process. We're hopeful that the revisions reflect your valuable suggestions and improve the manuscript further. We welcome any additional feedback you may have.

Warm regards,

Xue Hui-Min

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