

July 24, 2014

Dear Editor:

Thank you for your kind letter to encourage us to re-submit our revised manuscript to you journal.

If you have any question of our manuscript, please contact a corresponding author.

Title: Pulmonary lipiodol embolism after transcatheter arterial chemoembolization for hepatocellular carcinoma: An autopsy case report

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 11912

Point by point response

Dear Editor:

Thank you for your kind letter to encourage us to re-submit our revised manuscript to your journal. The comments of two reviewers have been helpful in allowing us to revise our manuscript.

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.

Reviewed by 00743117

Minor revision

1. I suppose that the operator could notice the lipiodol droplets passing through the arteriovenous shunt into the inferior vena cava on the real-time screen. How was that?

The operator could not notice the arteriovenous shunting under the TACE.

2. How about embolizing the arteriovenous fistula with the metallic coils

before TACE? Did author try or consider that?

Thank you for this comment. The operator could not notice the arteriovenous shunting before and under the TACE. Unfortunately, it was pointed out after TACE. Therefore we could not embolize the arteriovenous fistula with the metallic coils before TACE.

3. How was the preexisting advanced lung cancer at the time of autopsy?

Was there any speculation for the association between the drastic progression of ARDS and the preexisting lung cancer?

Autopsy showed the advanced lung cancer invaded left pulmonary artery and left main bronchus. We speculate left lung performed functional decline, so the patient developed drastic progression of ARDS.

Reviewed by 02830058

Minor revision

1. Considering the patient had a history of lung cancer and had been treated with chemotherapy. To compare with the chest CT after TACE, it would

be better to add a figure of chest CT before TACE.

Thank you for this comment. I added a figure(Figure 1-d)of chest CT before TACE.

2. What is the diagnostic criteria of Pulmonary lipiodol embolism in this case?

3. In the second paragraph, you cited “histopathological micrographs of the lung showed that alveolar capillaries were focally distended by iodized oil” , but I didn’ t find the histopathological micrographs which showed iodized oil directly. If it’ s just a speculation, pleased add some words to illustrate this

2 and 3: Thank you very much for your comments. We speculate that alveolar capillaries were focally distended by iodized oil. And its histopathological findings is the diagnostic criteria of Pulmonary lipiodol embolism. H & E staining demonstrated iodized oil droplets in the lung (Figure 4-c), and fat-specific staining with Sudan III indicated the presence of iodized oil droplets in the alveolar capillaries (Figure 4-e).

3 References and typesetting were corrected

The detailed reviews of our manuscript are deeply appreciated and we hope we have adequately responded each of the critiques raised. We are looking forward hearing from you again.

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

Sincerely yours,

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