

ANSWERS TO REVIEWERS

Name of Journal: *World Journal of Gastroenterology*

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Title: Surgically treated diaphragmatic perforation after radiofrequency ablation for hepatocellular carcinoma

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We wish to express our appreciation to the reviewers for their insightful comments on our paper. The comments have helped us significantly improve the paper.

1. The PDF format of "Scientific Research Process" has been updated.
2. The part of "FULL TEXT GUIDE" has been added at the end of the main manuscript.
3. We revised the manuscript according to the suggestions of the reviewers, as indicated below.

RESPONSE TO REVIEWER

Reviewer 1: Reviewer's code: 03408355

This paper focused on the surgical treatment for diaphragmatic perforation after radiofrequency ablation for hepatocellular carcinoma. However, only 6 patients were enrolled, which could not provide sufficient information. Thus, this paper may be more appropriate for being published as a case report or a letter. Previous reports on this topic may be summarized and listed in a table. Several language mistakes were found in the paper.

Response: We thank the Reviewer for this pertinent comment. While we agree

with your comment, most case reports of diaphragmatic perforation after radiofrequency ablation for hepatocellular carcinoma are based on single cases. Therefore, we presented this study not as a case report, but as a full, retrospective study. Furthermore, we consider that analyzing the cases of diaphragmatic perforation and herniation after RFA and discussing the trend in these reports in the context of the case presented herein would contribute to the elucidation of the mechanism. Additionally, it will aid in the early diagnosis and clinical treatment of diaphragm perforation after RFA for HCC.

Furthermore, we have had the manuscript rewritten by an experienced scientific editor, who has improved its grammar and stylistic expression.

Reviewer 2: Reviewer's code: 03656588

- 1) The mechanism of diaphragm perforation after RFA has not been clarified. The case reports were analyzed to describe the causative factors, clinical presentation, diagnosis, and treatment of the diaphragm perforation. The results were truth and reliable. It is more important clinical value to guide the early diagnosis and clinical treatment of the diaphragm perforation after RFA.
- 2) I suggest that the manuscript can be published in the form of retrospective study in World J Gastrointestinal Surgery.

Response: We wish to express our appreciation to the reviewer for your insightful comments on our paper. Thank you for recommending this paper to World J Gastrointestinal Surgery.

Reviewer 3: Reviewer's code: 00722239

The authors have reported 6 cases of diaphragm perforation after RFA. The study is well designed and the manuscript is well-written. Although this study treated small number series and lack the novel findings, the results and discussion would contribute to the elucidation of the mechanism of diaphragm perforation after RFA. If pathological findings of the perforated diaphragm are

available, please present it.

Response: We wish to express our appreciation to the reviewer for your insightful positive comments on our paper. In this study, all cases underwent direct interrupted sutures without trimming. Therefore, there are no pathological findings.

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

Sincerely,

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