

Format for ANSWERING REVIEWERS



August 25, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format.

Title: Current management of noninfectious hepatic cystic lesions: A review of the literature

Author: Francisco Igor Macedo, MD

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 4304

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

Reviewer #1

The manuscript by Macedo FIB nicely reviews the different types of non-parasitic hepatic cystic lesions and the current managements for these diseases. This article will be of interest for clinicians and researches working on the field. In order to improve the manuscript this reviewer has some minor comments: - The prevalence of all forms of hepatic cystic lesions should be included if the information is available. - The human genetic nomenclature needs to be written in uppercase and italic. - It is important to notice that, although ADPLD is linked to genetic mutations on PRKC-SH or SEC63 genes in ~20% of patients, the remains mutations that affect the other ~80% are unknown.

Answer: I acknowledge reviewer's comments about this paper. All comments will be accepted and appropriate changes will be made. The prevalence on most forms of hepatic cysts is still unknown.

Reviewer #2

Strength; The manuscript entitled "Current management of noninfectious hepatic cystic lesions: A review of the literature" is an interesting report. **Weaknesses;** It is better to indicate what kind of patients of PCLD that medical treatment is needed. It is better to indicate general complications of PCLD. How is the ultrasound contrast imaging view in each disease?

Answer: I acknowledge reviewer's comments about this paper. We will include further comments about the proposed topics. There is no standardized algorithm to date regarding medical versus surgical approach for treatment of PLCD. The efficacy of conservative management is still under investigation. We included further comments about this in the manuscript. Surgical management is still the standard to decompress the liver, and medical management has been proposed in diffuse disease not amenable for cyst resection/decompression. We included complications of PCLD and ultrasound data in each disease.

3 References and typesetting were corrected

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

Sincerely yours,

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