

Prof. Thierry THEVENOT
Service d'Hépatologie, Hôpital Jean Minjoz
25030 Besançon, France
Tel : 33 3 81 66 85 94
FAX : 33 3 81 66 84 18
E-mail : tthevenot@chu-besancon.fr

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Dear Editor,

Dear Reviewers,

We would like to thank you for giving us the opportunity to resubmit our manuscript entitled "**Clinical Characteristics and Outcomes of Patients with Hepatic Angiomyolipoma: A Literature Review**" (Manuscript NO: 60393) to *World Journal of Gastroenterology*.

We provide a point-by-point response to reviewers comments that improve substantially our manuscript and all changes made to the text are in red color. We hope that this revised version will be suitable for publication in *World Journal of Gastroenterology*.

Specific Comments: 1. The title should be expanded to represent the content and the type of the study, such as "Clinical Characteristics and Outcomes of Patients with Hepatic Angiomyolipoma: A Literature Review" rather than just "Hepatic Angiomyolipoma".

Answer: The title was revised to Clinical Characteristics and Outcomes of Patients with Hepatic Angiomyolipoma: A Literature Review

2. I suggest expanding the introduction to better highlight the importance of the topic, and why the reader should continue reading the paper. The authors briefly mentioned these reasons "difficult radiological diagnosis, potential aggressive behavior, and poorly codified management" in the introduction and further discussed them in the rest of the paper, but

I suggest elaborating on each single point with relevant references in the introduction. Perhaps, a paragraph of 8-10 lines summarizing these points would be sufficient.

Answer: Hepatic AML (HAML) poses a veritable diagnostic challenge in radiological terms, especially when fat content is low, because this type of tumor may appear as a hypervascular tumor associated with a washout phase that mimics other, more common hypervascular hepatic tumors, such as hepatocellular carcinoma [4-7]. The natural course of HAML is mostly benign, although several cases have been reported exhibiting aggressive behavior with metastasis or recurrence after surgery [8-24], or spontaneous rupture [8, 25-33]. These rare but dramatic observations unavoidably compound the complexity of managing patients with HAML.

3. In Patient Characteristics, the abbreviations ACE and CA 19-9 appeared first in the text without full expansion.

Answer: Carcinoembryonic antigen and carbohydrate antigen 19-9

4. For Table 1, I suggest adding a column for outcomes.

Answer: The authors added a column for outcomes in Table 1.

Yours sincerely

Pr THEVENOT Thierry