

June. 10th, 2021

Dear editors and reviewers,

We deeply appreciate your consideration of our manuscript entitled “Hepatocellular carcinoma with inferior vena cava and right atrium thrombus: A case report” (Submission ID: 66866). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to us. Accordingly, we have revised the manuscript. All amendments are highlighted in red in the revised manuscript. In addition, point-by-point responses to the comments are listed below this letter.

We hope that the revision is acceptable for the publication in World Journal of Clinical Cases.

Look forward to hearing from you soon.

With best wishes,

Yours sincerely

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Response to Reviewers:

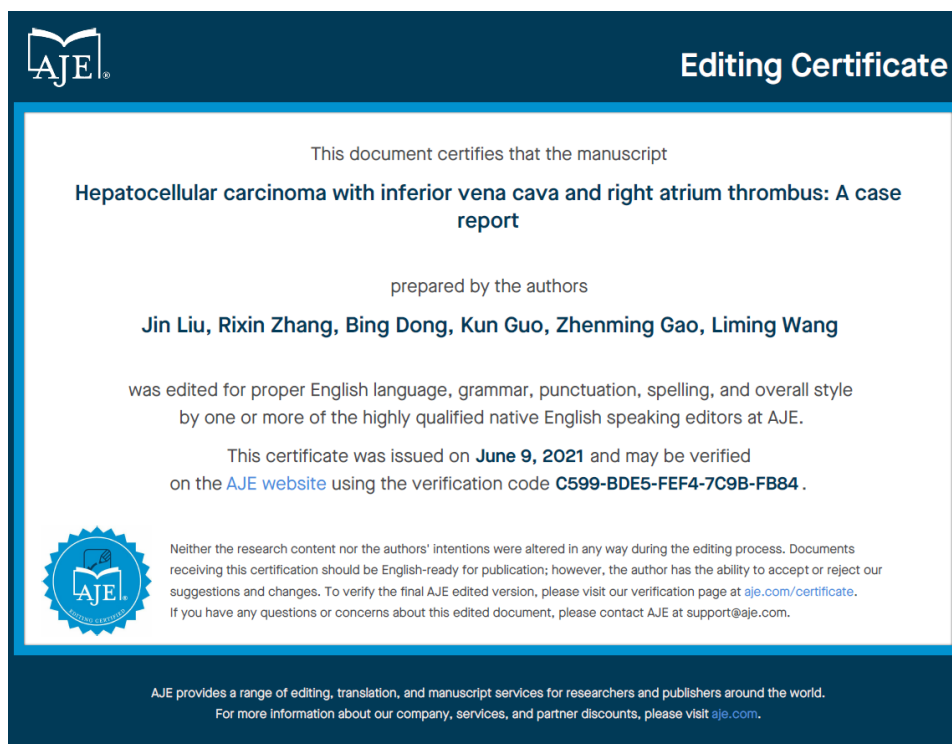
First of all, we would like to express our sincere gratitude to the reviewers for their constructive and positive comments.

REVIEWER 1, 2 EVALUATION

Manuscript needs language polishing.

Author Response:

Thanks a lot for your advises. The manuscript was edited for proper English language, grammar, punctuation, spelling, and overall style by one or more of the highly qualified native English speaking editors at AJE.



REVIEWER 1 EVALUATION

Authors have not included any image in the manuscript- Preop CT, intra-operative images and follow up images must be included.

Author Response:

We are very sorry that we failed to upload our figures to the system initially. Here are our figures that was supposed to be in the manuscript.

Figure.

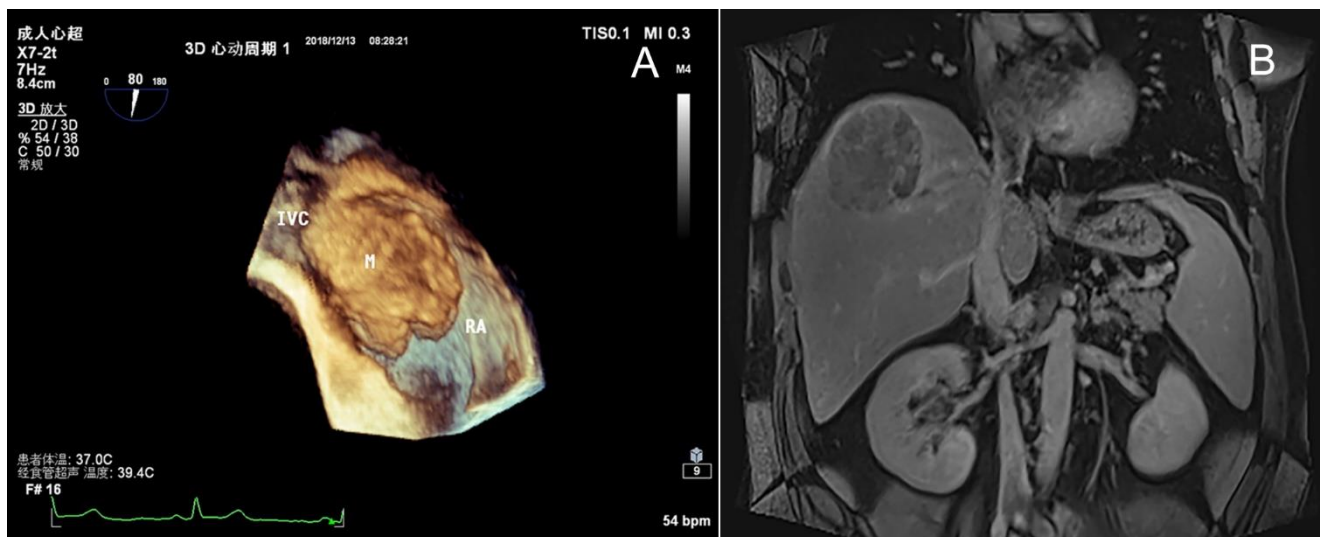


Figure. 1 Preoperative imaging examination

(A) A medium echo was seen in the right atrium, clear boundary, local calcification on the surface, wide base. (B) Magnetic resonance imaging showed there were filling defect in hepatic vein and right atrium.

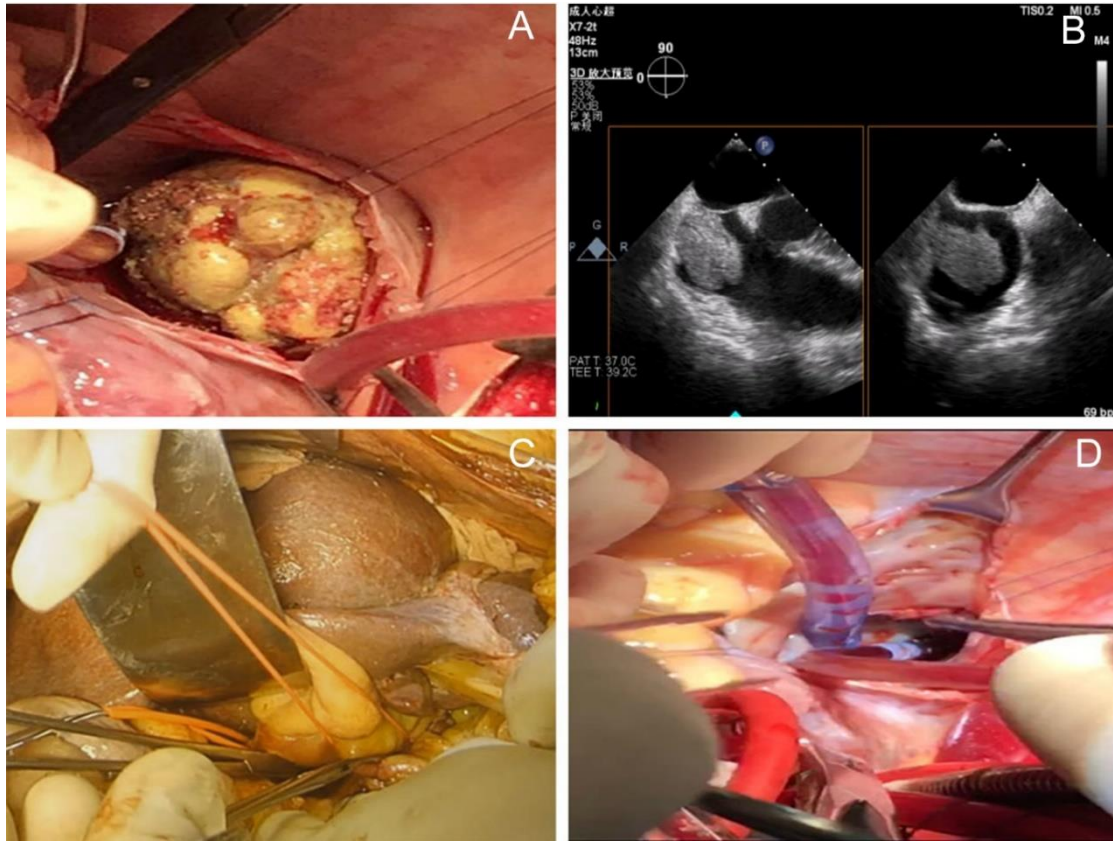


Figure. 2 Images of surgery operation.

(A) Images of head of the tumor thrombus. (B) The monitored images of transesophageal Echocardiography during the surgery operation. (C) The hepatic vascular exclusion was blocked for 16 min. (D) The entrance of the IVC and RA was clear.

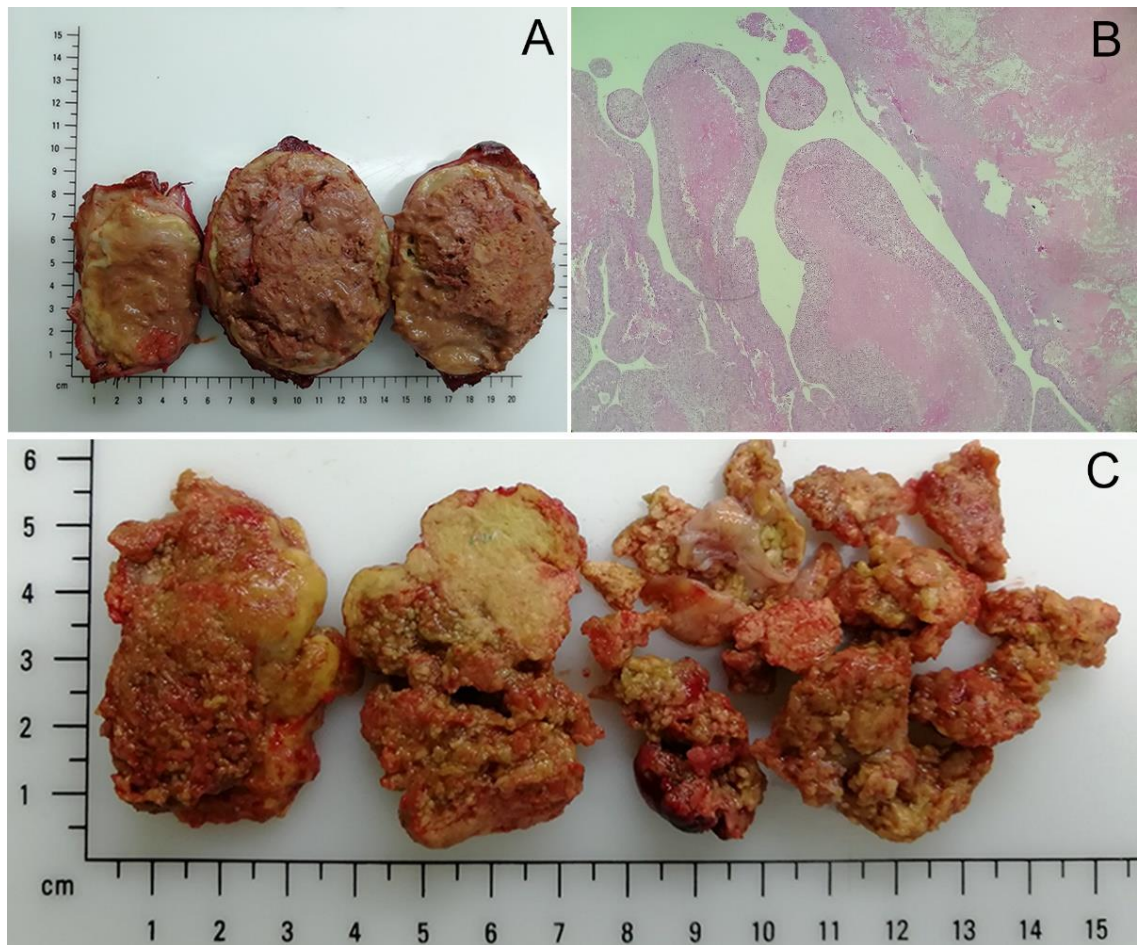


Figure. 3 The shape and pathology of the tumor thrombus

(A) The tumor is about 10x8.5x8cm, and the most of the mass is necrosis.

(B) Active cancer cells could be seen as finger-like bulge around the focal capsule, and necrosis area was over 75%. (original magnification×200).

(C) The atrium thrombus is 15x5x3cm with a long, thin neck.

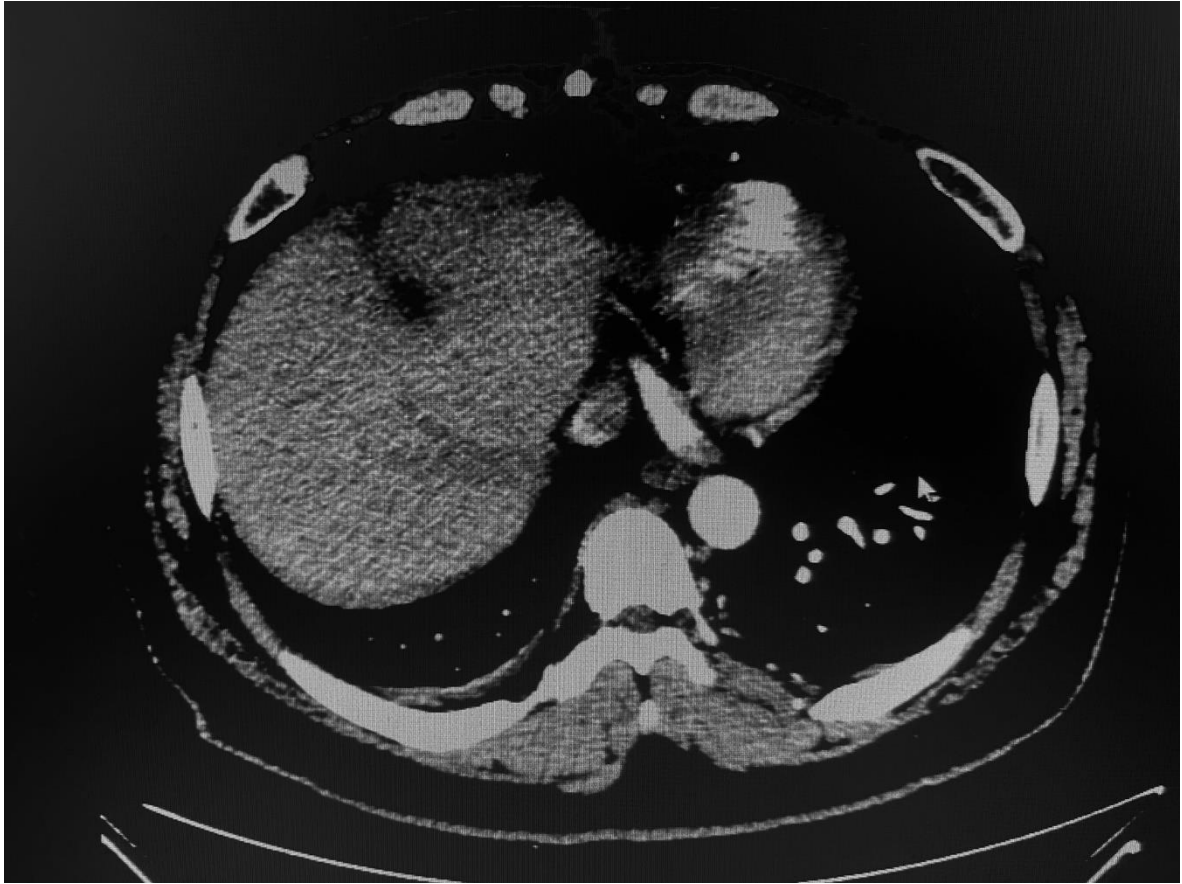


Figure. 4 There was no tumor recurrence and metastasis over a two-year follow-up.