

Dear Editors and Reviewers,

We are resubmitting the Manuscript ID 77894 entitled "Hepatic steatosis with mass effect: a case report" to "World Journal of Clinical Cases". Thank you and the reviewers for your work and valuable comments on our manuscript. These comments are very helpful for revising our manuscript. All comments have been carefully addressed in the revised version of our manuscript. Our responses to the comments are outlined below. For easily reading, we use the TRACK function of MICROSOFT WORD. If you do not like the tracks, please simply select "Accept changes" to get rid of the TRACK markers.

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.
Language Quality: Grade B (Minor language polishing)
Scientific Quality: Grade C (Good)

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Signed Consent for Treatment Form(s) or Document(s). Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: As suggested, we have provided the signed informed consent, the original figure documents, and the funding agency copy of approval documents. The figures are original. We have added the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA.

RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: As suggested, we have supplemented and improved the highlights of the latest cutting-edge research results and added some references. Please check the revised manuscript for details.

Reviewers' comments:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Title: Hepatic steatosis with mass effect: a case report Na Hu, Shijun Su, Jinye Li, et al. General Comments The authors reported a case with a liver tumor over 10 cm without background chronic liver diseases. Based on the characteristic features that were observed in MRI images and immunohistochemical studies, hepatic steatosis was diagnosed. Although the authors raised the T1-weighted in-and out-of-phase images as the most valuable information to make differential diagnosis, there are other valuable information which should be presented and discussed for the better understanding and management of a future case with liver tumors. The followings are several concerns that the authors may wish to consider: 1) Specific comments Major concerns:
1. Hemodynamics and results of immunohistochemistry should be helpful information. Please present images in a dynamic study using contrast medium and discuss the results of immunohistochemistry to make differential diagnosis.

Response: According to the reviewer's suggestion, we have added the dynamically enhanced scanned images in the revised Fig. 2A-2D and the immunohistochemical results in the revised Fig. 4B-4D. The role of immunohistochemical results in differential diagnosis was discussed in the Discussion section. Please check the revised manuscript for details.

In addition, it is crucial to discuss thoughtfully if a surgical resection had to be made in this case and would be recommended in a case with liver tumors showing similar characteristics with this case.

Response: Because there is a lack of previous understanding of the hepatic steatosis with mass effect, the diagnosis of liver tumor was highly suspected based on imaging findings, and thus surgical resection was performed in this case. The diagnosis of hepatic steatosis with mass effect was made post-operatively. However, surgical resection is not recommended as the first choice for treatment of hepatic steatosis with mass effect. If similar imaging characteristics to this case are present but the diagnosis is not clear, tissue biopsy and pathological examination should be performed to facilitate clear diagnosis. We have added this information to the Discussion section. Please see the revised manuscript

for more details.

Minor concerns:

1. Laboratory findings should be presented by showing actual values.

Response: Actual values of laboratory results have been added in the Laboratory examinations subsection. Please check!

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you for the opportunity to review this article. In this work, the authors present a case of hepatic steatosis presentig with mass effect. Authors suggest that RMN is valuable for differential diagnosis with fat-rich tumors. The paper is well written and contains a topic that is very frequently addressed in ultrasound practice. Major comments and revision:

1. Authors say in background that "there is no report of hepatic steatosis with mass effect in literature". later, in discussion, they claim that "it is extremely rare". So: is it rare or does it not exist? In the second case, it is correct to explain and report more deeply other reports.

Response: Sorry for the confusion. To the best of our knowledge, there is no report of hepatic steatosis with mass effect in literature. We have clarified this in the Introduction section.

2. In a work in which hepatic steatosis is discussed, it is not possible not to refer to the ultrasound method in the specific case and with respect to the conclusions.

Response: The patient in this report did receive ultrasound examination. Ultrasound showed a large hyperechoic mass with a size of 13 cm × 10 cm × 7 cm in the parenchyma of the caudate lobe of the liver, with clear boundary, irregular shape and inhomogeneous internal echo (Fig. 1). The ultrasonic findings have been added to the imaging examinations subsection and to the revised Fig. 1. Corresponding changes have been made in the revised manuscript. Please check!

3. Re-order discussion, addressing first of all the crucial point of the work and the report, then going back to the pathophysiology of steatosis (But more synthetically) and finally reporting well the similar cases (if any) and strengths and weaknesses of the different methods.

Response: According to the reviewer' suggestion, we have re-ordered the Discussion section. Please check the revised manuscript for details.