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September 10, 2017

Dear Editor,



Thank you very much for your letter of September 4, 2017, along with the reviewers' comments. We would like to take this opportunity to thank the reviewers for their excellent evaluation of our manuscript and their valuable comments. We have discussed extensively the questions that were raised by the reviewers, and these have been carefully answered point-by-point in the following paragraphs. The revised manuscript has been improved according to the suggestions of editor. Format has been updated accordingly to meet the standards and format of World Journal of Gastroenterology. Please find enclosed the edited manuscript in Word format (file name: revised manuscript.doc).

Title: Radiofrequency ablation for hepatic hemangiomas: A consensus from Chinese panel of experts

Author: Jun Gao, Rui-fang Fan, Jia-yin Yang, Yan Cui, Jian-song Ji, Kuan-sheng Ma, Xiao-long Li, Long Zhang, Chong-liang Xu, Xin-liang Kong, Shan Ke, Xue-mei Ding, Shao-hong Wang, Meng-meng Yang, Jin-jin Song, Bo Zhai, Chun-ming Nin, Shi-gang Guo, Zong-hai Xin, Yong-hong Dong, Jun Lu, Hua-qiang Zhu, Wen-bing Sun

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 35489

Answers to the reviewer # 1

Thank you for the opportunity to review this manuscript. An interesting paper about Chinese



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experience on RF treated hemangiomas. Would be of interest if there was a comparison between chinese and western experience on the RF treated hemangiomas. This issue could be highlighted in the manuscript.

Answer: Western experience on the RF treated hemangiomas was relatively inadequate. Only six case reports (11 patients) came from western country. We have added the content in the revised manuscript.

Answers to the reviewer # 2

The authors conducted this study to formulate a consensus among the experts in China who have extensive expertise and experience in the treatment of hepatic hemangiomas using RF ablation in order to standardize the application of RF ablation for the management of hepatic hemangiomas. This expert-reported consensus fills a gap in the current knowledge. It is very useful and much needed. Particularly it describes the complications associated with RF ablation of massive hemangiomas and how best to prevent and treat these complications. However, the manuscript needs minor revisions.

Q1- Page 9, line 13, the author should mention the INR in addition to the prothrombin time because the results of the prothrombin time may vary from lab to lab.

Answer: We have done it as requested.

Q2- Page 9, last line and page 13, line 6, the word "laparotomic" is incorrect there is no such word in Merriam Webster Medical Dictionary, so the correct wording in both instances will be "via laparotomy or laparoscopy" or "via laparotomy or laparoscopic approach."

Answer: We have done it as requested.

Q3- Page 11, line 7 and page 11, line 12, and page 11, last line, the term "heat sink effect" was mentioned 3 times and in all the term was not adequately explained to the general reader.

Answer: Excellent suggestion. We have added the term of heat sink effect in the revised manuscript.

Q4- Page 11, line 9, the authors mentioned that "Overlapped ablation zones are warranted by repositioning the RF electrodes in the tumor mass repeatedly under the guidance and monitoring of CT or US imaging." How can be CT used during ablation in the setting of general anesthesia. Can the operator rely on US only?



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Answer: Hepatic hemangiomas deeply located in liver parenchyma are suited to be treated by percutaneous CT-guided RF ablation. After induction of general anesthesia, the skin entry point of the RF electrodes is determined by the guidance of the CT imaging. Under the monitoring and guidance of CT, the RF electrodes are percutaneously inserted through the liver to target the tumor. After CT images confirm the acting tip of the RF electrode is located in the tumor center, RF procedure is performed.

Subcapsular hepatic hemangioma is suitable to be treated via laparoscopic approach using US guidance. Under general anesthesia, patients were placed in a supine position. Under US guidance, the RF electrodes is introduced into the peritoneal cavity through the subcostal abdominal wall under the direct laparoscopic view and deployed into the tumor. The RF procedure is monitored by intraoperative US, which can increase the ability to guide the RF electrode placement and evaluate the efficacy of ablation.

Overlapped ablation zones are warranted by repositioning the RF electrodes in the tumor mass repeatedly under the guidance and monitoring of CT or US imaging.

Answers to the reviewer # 3

Suggestions: Table with key points about indication and contraindication for RFA in liver hemangioma. List of potential complications and measures to reduce them.

Answer: The suggestion is good. We have added the tables in the revised manuscript.

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

Sincerely yours,

Wen-bing Sun, MD

Chair and Professor

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