

October 24, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13118-edited.doc).

**Title:** Hepatocellular carcinoma with concomitant hepatic angiomyolipoma and cavernous hemangioma in one patient

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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 13118

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

1). (1) Xiao-wen Ge et al present a well written case report describing by first time the concomitant occurrence of hepatocellular carcinoma, angiomyolipoma and cavernous hemangioma in a HBV infected patient without liver cirrhosis. The case is also well documented with illustrative histological and ultrasonography images. As commented by authors the finding could be a simple coincidence but it is worthy it to be reported to draw the attention for future research for a hypothetical pathological cause of the observed combination. (2) The interest of the paper is based on being the first description of hepatocellular carcinoma, angiomyolipoma and hemangioma combination in the same location. (3) Presentation of the manuscript is adequate. (4) Ethics of the research: NA

**Response:** Thank you very much for your positive comments.

2) The article deals with a rare case of Hepatocellular Carcinoma with Concomitant Hepatic Angiomyolipoma and Cavernous Hemangioma. It is a well written article, my only concern deals with the surgical treatment. I would prefer a detailed description of the intraoperative findings and the surgical procedure performed. Was a simple right hepatectomy only? Also why the authors decided to perform the Transarterial chemoembolization (TACE) and not to follow another chemotherapy protocol and why to proceed in TACE at this time interval.

**Response:** Thank you very much for your constructive comments. The hepatectomy was a resection of partial right hepatic lobe containing the



tumors. We have added "partial" on page 5. For the reason of performing TACE treatment, we have added "Although the tumors were completely removed by local resection of right hepatic lobe, there were vascular tumor embolus identified outside of the HCC mass, which was a potential recurrence factor. " on page 6. As for chemotherapy for HCC, it is only suitable for patient with multiple extrahepatic metastasis.

3) Dear Author This is very interesting case report about HCC with concomitant hepatic angiomyolipoma. It is very difficult to make a diagnosis of hepatic angiomyolipoma. According to some reports, MRI and enhanced US are good tool for the diagnosis of hepatic angiomyolipoma. 1. MRI is considered to be the best modality to determine the components of the this tumor. Hyperintensity on the T2 weighted image and hyper or hypointensity on the T1-weighted image are observed depending on the component of tumor tissue. Lipomatous lesions may be determined as hyperintensity on the T1-weighted image; they may also be determined by the chemical shift imaging technique using gadolinium. Do you check MRI? 2. Us images may vary depending on the tissue components affected by the tumor. Recent reports showed the diagnostic effectiveness of contrast enhanced US(CEUS). CEUS revealed the typical imaging characteristics of hepatic angiomyolipoma., that is, an inhomogeneous hyperenhancing pattern in the arterial phase and prolonged enhancement during the portal and Kupffer phase. How about CEUS. Please comment MRI and enhanced US in discussion.

**Response:** Thank you very much for your constructive comments. MRI and CEUS were not performed on this patient. We have added "MRI is considered to be the best modality to determine the components of AML<sup>[15]</sup>. Hyper- or hypointensity on the T1-weighted image and hyperintensity on the T2-weighted image are observed depending on the component of tumor tissue<sup>[16 17]</sup>. Contrast-enhanced US (CEUS) was reported as an effective diagnostic tool for AML<sup>[17 18]</sup>. Li et al. reported that CEUS showed an inhomogeneous hyperenhancing pattern in the arterial phase and prolonged enhancement during the portal and Kupffer phases of AML. However, MRI and CEUS were not performed on this patient."on page 6-7 in the section of discussion.

3 References and typesetting were corrected

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

Sincerely yours,





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