Mar 14, 2015

World Journal of Gastroenterology, Editor-in-Chief
Dr. Damian Garcia-Olmo

Dear Professor. Garcia-Olmo

Thank you for your letter of 14/03/2015 (#ESPS Manuscript NO: 14638). The purpose of this letter is to address the concerns noted, point-by-point, and indicate how the manuscript has been revised in an effort to resolve all issues raised by the reviewers.

Associate Editor's comments:

1, Although the vast majority of reported PEComa showed a benign course; some have malignant potential, with locally destructive recurrences, and distant metastasis. This article showed some difference between PEComas and those with uncertain malignant potential PEComas. Actualy some authors[1,2] have defined some criteria for malignancy in hepatic PEComa. Folpe et al[1] proposed a classification of PEComas into benign, uncertain malignant potential, and malignant based on the presence of seven histological features: Tumor size > 5 cm, infiltrative growth pattern, high nuclear grade, high cellularity, necrosis, mitotic activity > 1/50 HFP and vascular invasion. Since this case report included systemically review of the difference between this “benign” with malignant ones, we expect this author show more details in the differential diagnoses from the literature.

The following sentence was added.

Page 19: We described the detailed differential diagnoses between benign patterns and malignant patterns from the literature. The criteria of malignancy of hepatic PEComas have not yet been fully established. Our search of PubMed identified 5 cases with malignant hepatic angiomyolipoma [30,50,53-55]. An invasive growth pattern was found in 62% of the cases. Although these histological features suggest malignancy, distant metastases were not found [52]. No data suggested malignancy other than the tumor size. The median diameter of

malignant hepatic angiomyolipoma was estimated to be 15 cm (range, 11-26 cm).

2, The article is well written, the diagnosis is confirmed by radiography and pathology with immunohistochemistry of the key factors for PEComas, and has a five year follow up.

Thank you.

We hope that these corrections and changes have addressed all concerns raised by the reviewers.

Sincerely,

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