

Dear Dr. Yuan Qi,

I have revised some sections.

### **Reviewer #1**

1. I changed the sentence in the Abstract from “which enabled the correct diagnosis of the nodule” to “which could be a useful clue for identifying RLH in the liver”.

2. I added a report written by Yang CT et al in the Discussion and References section of my paper.

### **Reviewer #2**

1. I added some information about the patient’s history and blood examination.

She had no history of persistent viral infection, autoimmune disease, inflammatory bowel disease or malignant tumors. Blood examination showed that her liver function was normal, and that HBs antigen, HBc antibody, HCV antibody and anti-nuclear antibody were negative. The tumor marker values were AFP of 4.9 ng/mL, PIVKA-2 of 31000 mAU/mL, CEA of 1.8 ng/mL and CA19-9 of 18.1U/mL.

### **Reviewer #3**

1. The image findings of the nodule showed early enhancement in the arterial dominant phase and washout of the contrast medium in the equilibrium phase (see Fig1 and Fig2). This enhancement pattern doesn’t suggest liver metastasis.

As we describe in the Discussion, a US-guided liver biopsy has drawbacks that an insufficient sample may be obtained for diagnosis, and that there is a risk of tumor dissemination in the case of a malignant tumor.

2. I have discussed about the immunohistochemistry in more detail.

Immunohistochemical staining of germinal centers was positive for CD10 and negative for Bcl-2. The negative results for Bcl-2 indicate RLH, and exclude follicular lymphoma from our diagnosis.

3. I changed the sentence in the Abstract from “which enabled the correct diagnosis of the nodule” to “which could be a useful clue for identifying RLH in the liver”.

I deleted the word “characteristic” throughout the manuscript.

Sincerely yours,

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