Format for ANSWERING REVIEWERS

April 13, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17156-revised manuscript.docx).

Title: Granulomatous reaction in hepatic inflammatory angiomyolipoma after chemoembolization and spontaneous rupture

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The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated

2 Responses for the reviewers
#Reviewer 1
It is difficult to make the diagnosis of this entity at CT or MRI before operation or biopsy, and the imaging characteristics of this entity have not been well documented. Therefore, I think the authors should highlight its CT manifestations.
Response: Thank you for your valuable comments. As reviewer pointed out, imaging characteristics of inflammatory AML is very interesting issue. However, most of previous series focused on the histological findings therefore description or figures regarding radiological findings were limited. Therefore, it is difficult to summarize imaging characteristics of inflammatory AML, regrettably. Notable radiological finding of our case was enhancement pattern (high-low) in contrast CT mimicking HCC. This was described in manuscript and demonstrated in Figure 1a.

#Reviewer 2
No comments. No response is needed. We would like to thank for your time and attention.

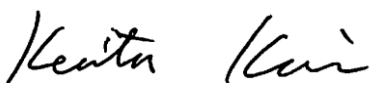
#Reviewer 3
It is clear that AML carries a significant risk of bleeding from the published cases in the literature, it would add to the literature if it was specified particular features that may point to this pathology clinically (whether that may be by exclusion and including imaging features) and a suggested management algorithm. Also comment if there is a role for biopsy and non-operative management?
Response: Thank you for your valuable comments. As summarized in Table 1, biopsy was performed only one case of previous series but diagnosis of inflammatory AML was not obtained. Our opinion is that benefit of biopsy is limited because pathological diagnosis of inflammatory AML is very difficult and that clinician has no choice but to do surgical resection because clinical diagnosis is very difficult and possibility of malignant tumor could not be ruled out.

#Reviewer 4
It is a well written case report. Although the granulomatous reaction is unreported, the clinical course is similar to those ordinary AML. It adds little value in the current practice.

Response: Thank you for your valuable comment. Our case is not ordinary AML but spontaneously ruptured hepatic inflammatory AML. As summarized in Table 1, our case is smallest one among previous ruptured hepatic AML series. This indicates even small nodule, hepatic AML has potential of spontaneous rupture. In addition, phenomenon granulomatous reaction after chemoembolization is useful knowledge for clinician and pathologist. We believe present case is valuable for clinical and pathological practice.

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

Sincerely yours,



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