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Manuscript Type: REVIEW

March 29, 2016

RE: 24330-manuscript revision

Dear Dr. Shui Qiu,

We resubmit the revised manuscript entitled, “A HISTORY OF THE INFANTILE HEPATIC HEMANGIOMA: FROM IMAGING TO GENERATING A DIFFERENTIAL DIAGNOSIS.” We greatly appreciate the diligent and thoughtful reviewers’ comments that we have used to fundamentally improve the revised manuscript. The original submission was recognized as being “interesting” and that “the authors collected considerable data to support their conclusions and proposed some interesting directions. It would bring pleasure to readers of World Journal of Clinical Pediatrics.”

The following revisions have been made in response to the reviewers.

REVIEWER #1

1) Minor English Language polishing is needed.

We agree with the reviewer and we had the manuscript carefully revised by native english speakers.

- 2) *Also, please explain abbreviations when first used: Page 4, 4th paragraph: "Screening for liver IH by USG is recommended" What is USG?*

USG stands for Ultrasonography. We apologise for not having clarified this earlier and we spelled the word in full in the text.

- 3) *Page 8, first paragraph: "They often present with astallate central flow void on T2 spin echo sequences" What is "astallate"?*

This was a typing mistake, which we have now corrected in the text. It is “a stellate”, meaning star shaped.

- 4) *Figure 2- The legend says "Figure 2. Multiple IHHs. Axial T2 weighted MRI image of 2 month-old boy with hepatoblastoma showing scattered areas and portal vein thrombosis". Which is it IHH or hepatoblastoma?*

We apologise for the mistake. Figure 2 is a figure of multiple IHH. We corrected it in the text and added another figure with a hepatoblastoma (Figure 5). Mesencymal amartoma became Figure 6.

REVIEWER #2

- 1) *In Clinical Presentation- Diffuse Lesion, the authors stated that diffuse lesions are frequently associated with high cardiac output. However, these patients are more likely to have a low cardiac output due to hypothyroidism.*

Patients with diffuse IHH tend to develop high output cardiac failure from the aortovenous, aortoportal, and veno-portal shunting. Therefore, while hypothyroidism does lead to low cardiac output states, these infants develop high output cardiac failure despite having severe hypothyroidism. We have now clarified this in the text and added the following reference:

Smith AA, Nelson M. High-Output Heart Failure from a Hepatic Hemangioma With Exertion-Induced Hypoxia Am J Cardiol. 2016 Jan 1;117(1):157-8.

2) There are some grammar errors or wrong words/phrasing in the manuscript. For instance: Introduction: 'over a 6-10 year period' should be 'over a 6-10 years period'. Treatment: 'patients may presents with' should be 'patients may present with'.

Thank you very much for the comment. We had our authors, native English speakers, carefully going through the text to correct all the grammar mistakes.