

**To editor**

The comments of the reviewer have been helpful in allowing us to revise our manuscript. We attempted to address the question raised by the referee according to the following. The part written in underline is revised in the new manuscript.

To Reviewer: 02828880

**Reviewer`s comments**

Why the lesion was resected and not treated by percutaneous ablation? Why biopsy was not performed?

**Answer**

Considering the risk of hemorrhage and dissemination, biopsy was not performed. Because the mass was adjacent to horizontal portion of the left portal vein and pathological diagnosis was needed, percutaneous ablation was not chosen.

To Reviewer: 0303589

**Reviewer`s comments**

1. The expression - had drink three glasses of whisky from 20 till 66-years-old - is not clear, chronic alcohol intake would have been better.
2. Was the tumor in segment 4a or 4b? What was the liver resection performed?

3. Was there any definitive advantage of CEUS for diagnostic of HCA?

#### Answer

1. We changed the expression; his integrating amount of drinking was 670kg convert into ethanol.
2. The tumor existed in segment 4b. Partial segment 4 resection was performed
3. The pattern of enhancement is characteristic. In CEUS, centripetal hyper-enhancement and some peripheral vessels can be shown in the arterial phase.

To Reviewer: 00185855

#### Reviewer`s comments

1. Better to state the Coinaud segment.
2. Can you say how much?
3. This term is usually means less than the surrounding liver – is that what you mean?
4. When?
5. I'm not sure what this means. Is it inflammation? Invasion?
6. Is this the same as 'increased'?
7. Did he have cirrhosis?
8. Please give the dose.
9. What does this mean? Geographic.
10. This is also of SonoVue, though the duration of the late phase is much less than the post vascular phase with Sonazoid.
11. Always alcoholic?
12. This and other references beginning with a capital letter don't seem right.

13. It would help readers if you could add the normal ranges.
14. Maybe add arrows to point out the lesion.

#### Answer

1. Coinaud segment was 4.
2. His integrating amount of drinking was 670kg convert into ethanol.
3. Yes, we meant that.
4. 3 months later.
5. Ductular reaction refers to an increased number of ductules (the finest ramifications of the biliary tree), accompanied by polymorphonuclear leukocytes and an increase in matrix, leading to periportal fibrosis and eventually biliary cirrhosis. It is a phenomenon that is seen in a variety of liver diseases, such as acute and chronic cholestasis and variable degrees of parenchymal necrosis. (Roskams T, Desmet V. Ductular reaction and its diagnostic significance. Semin Diagn Pathol. 1998 Nov;15(4):259-69.)
6. L-FABP was positive. Decrease of L-FABP suggest the tumor is HNF 1 alfa-inactivated HCA.
7. He had cirrhosis.
8. The dose was 0.5ml/body.
9. "Geographic" was correct.

10. All reports about CEUS for HCA are using SonoVue. There may be some differences between SonoVue and Sonaziod.
11. All reported SAA-positive hepatocellular neoplasms arise in alcoholic cirrhosis.
12. We put capital letters of references right.
13. We add the normal ranges.
14. We add arrows on the figures.

To Reviewer: 02942845

Reviewer`s comments

Write more about the clinical practice.

Answer

We wrote more about the clinical practice.

To Reviewer: 02439781

Reviewer`s comments

1. Please advise on the indications of CEUS in their unit and when it is performed when CT/MRI is already done.
2. More comprehensive review of the literature with regards to CEUS features of the various types of HCA and HCA vs HCC.

3. Minor English errors in syntax and grammar.
4. Figures can be improved with arrow to annotate salient features

#### Answer

1. The indications of CEUS are hepatic tumors, pancreas tumors gallbladder neoplasms in our unit. We always perform CEUS before CT/MRI.
2. We made additions of comprehensive reviews of the literature.

Laumonier H, Cailliez H, Balabaud C, Possenti L, Zucman-Rossi J, Bioulac-Sage P, Trillaud H. Role of contrast-enhanced sonography in differentiation of subtypes of hepatocellular adenoma: correlation with MRI findings. *AJR Am J Roentgenol*. 2012 Aug;199(2):341-8

Ricci P, Laghi A, Cantisani V, et al. Contrast-enhanced sonography with SonoVue: enhancement patterns of benign focal liver lesions and correlation with dynamic gadobenate dimeglumine-enhanced MRI. *AJR Am J Roentgenol* 2005; 184:821–827.

Quaia E, Calliada F, Bertolotto M, et al. Characterization of focal liver lesions with contrast-specific US modes and a sulfur hexafluoride-filled microbubble contrast agent: diagnostic performance and confidence. *Radiology* 2004; 232:420–430.

Leen E, Ceccotti P, Kalogeropoulou, Angerson WJ, Moug SJ, Horgan PG. Prospective multicenter trial evaluating a novel

method of characterizing focal liver lesions using contrast-enhanced sonography. *AJR Am J Roentgenol* 2006; 186:1551–1559

Dong Y, Zhu Z, Wang WP, Mao F, Ji ZB. Ultrasound features of hepatocellular adenoma and the additional value of contrast-enhanced ultrasound. *Hepatobiliary Pancreat Dis Int*, 2016, 15(1):48-54.

3. We revised minor English errors in syntax and grammar.
4. We add arrows on the figures.