ANSWERING REVIEWERS

August 9, 2013

Dear Editor,

An author's response to reviewer's comments:

Our manuscript: ESPS Manuscript NO: 4621:
, entitled "Title: Asymptomatic splenic hamartoma presenting as a metastatic malignancy",

First, thank you for reviewing our manuscript. We revised our manuscript according to reviewer's comments, point by point. First reviewer suggested four queries for our manuscript. We made answers to each query. Please find out in response letter and in the text (we marked with red color). Please read carefully and consider an acceptance. We are looking forward to receiving acceptance letter from WJCC.

Second, we absolutely did perform the English language correction through the University English correction service program where the professional English language editors are working. They are all English experts and English is their mother language. According to the policy of WJCC, "Please provide language certificate letter by professional English language editing companies (Classification of manuscript language quality evaluation is B).", we will send the certificate letter by professional English language editor later. Now they are on summer vacation.

Please find enclosed the edited manuscript in Word format (file name: 4621-review.doc).

Title: Asymptomatic splenic hamartoma presenting as a metastatic malignancy

Author: Jongmin Sim, Hye In Ahn, Hulin Han, Young Jin Jun, Abdul Rehman, Se Min Jang, Ki-Seok Jang, Seung Sam Paik

Name of Journal: *World Journal of Clinical Cases*

ESPS Manuscript NO: 4621

The manuscript has been improved according to the suggestions of reviewers:
1. Format has been updated
2. Revision has been made according to the suggestions of the reviewer

1) The title "Asymptomatic splenic harmatoma presenting as a metastatic malignancy" is misleading and constitutes major flaw. I was anticipating a case of disseminated malignancy with splenic mass (hence seemingly splenic metastasis as well). However, it turns out that this was an incidental finding only. Therefore the title needs to be revised.

Answer: Thank you for reviewer's comment. We agree to reviewer's comment. We changed the title as "Splenic hamartoma: A case report and review of literature."

2) The authors stressed the importance in distinguishing harmatoma from malignancy, but never address this issue in the script. Please explain briefly on how one may differentiate harmatoma from malignancy or vice versa radiologically or clinically.

Answer: Thank you for reviewer's comment. We erased the importance in distinguishing harmatoma from malignancy in the abstract, so we replaced final sentence as "Although this tumor is very rare, it must be included in the differential diagnosis of splenic mass-forming lesions." Radiologically, most hamartomas are hyperechoic solid masses relative to the adjacent normal splenic parenchyma on US. On color Doppler imaging, there is evidence of increased blood flow resulting from hypervascularity. On CT imaging, the hamartomas appear as isodense or hypodense solid masses relative to the adjacent normal splenic parenchyma. Most splenic hamartomas are isointense in T1-weighted MRI and heterogeneously hyperintense in T2-weighted MRI.

3) If all the initial investiagation results point towards benign splenic tumor, I wonder why surgery was performed, and based on what ground was this decision being made? Please kindly explain.

Answer: Thank you for reviewer's comment. Initially, the possibility of a metastatic cancer of unknown origin or splenic hemangioma was suspected, radiologically. In follow up evaluation, there was no evidence of primary malignancy on gastroscopy, colonoscopy, abdominal ultrasonography, and PET-CT. Finally all radiological findings suggested a benign splenic tumor. However, the patient wanted to remove the splenic mass although the mass showed benign nature. And the surgeon also wanted to know the exact nature of the splenic mass. Therefore the patient underwent laparoscopy-assisted splenectomy.

4) Please also discuss briefly the management of splenic harmatoma. Is surgery a standard treatment? Can it be left alone? What is the natural history course?

Answer: Thank you for reviewer's comment. We added briefly the management of splenic harmatoma at the end of 4th paragram of discussion. Splenectomy is also important in patients with an incidentally discovered mass in the spleen when a malignant tumor cannot be ruled out. Splenic hamartoma with systemic or primary symptoms is rare, but often associated with hematological disorders, which can be cured by splenectomy[10].

3. References and typesetting were corrected

We added a reference journal.

10. Havlik RJ, Touloukian RJ, Markowitz RI, Buckley P. Partial splenectomy for symptomatic splenic hamartoma. J Pediatr Surg 1990; 25: 1273-5 [PMID:2286905]

We corrected the figure legends.

Figure 3 Pathologic findings. Hematoxylin-eosin staining and immunohistochemical stainings. A: The tumor contains haphazardly arranged small slit-like vascular spaces lined by plump endothelial cells; B: The endothelial cells lining the vascular channels are positive for CD8; C: CD31; D: vimentin.

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

Sincerely yours,

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