

Bern, 18.12.2019

Dear Editor,

please find enclosed the revised manuscript in Word format (file name "Revised manuscript").

Name of Journal: World Journal of Hepatology

Manuscript NO: 51446

Title: Inflammatory Myofibroblastic Tumor of the Liver – a rare case presentation and review of the literature

Authors List: Filipis A, Maurer MH, Montani M, Beldi G, Lachenmayer A

Thank you very much for your kind e-mail, which gave us the possibility to revise our manuscript. We emended the paper in some parts according to the reviewers' comments. We hope this revision will make our manuscript better to be accepted in your journal. Each comment has been answered accordingly in the manuscript and each text that has been altered was highlighted in the revised manuscript.

We hope that the revised version will fulfill the requirements for publication in the World Journal of Hepatology.

Thank you very much.

Answering Reviewer 02444752

„Except for some spelling mistakes, the overall writing is better, and it is suggested to be revised and published“

Dear Reviewer,

Thank you very much for your positive comments and for your corrections.

Answering Reviewer 03475479

„Authors showed a case of IMTL and reviewed previous cases. This article is interesting, but several issues should be addressed.

1. Authors should describe or discuss the growing of the tumor. The tumor was appeared to be increased in the first CT and following MRI. Authors should show the duration between these examinations.

Dear Reviewer,

Thank you for this interesting and important remark. CT and MRI were performed on the same day, and no tumor growth was observed accordingly. We adapted the text in the

manuscript in to: “The Computertomography (CT) and, same day Magnetic resonance imaging (MRI) of the upper abdomen (Fig. 1B-F) showed an 8 x 8 cm tumor in segment Iva/b of the liver suspected to be a liver adenoma.

2. Authors show the characteristics of the tumor (e.g. location, number, echo pattern, vascular pattern, T1 and T2 intensity) in a summarized Table“

We really appreciate your comment. As you will see, the number of the cases, which had a MRI as diagnostic treatment is too small. We adapted the text in the manuscript in to: “Due to the small cases (Table 1 and 2) we could see, that the tumor in ultrasonography mostly was hypoechogenic.” and “Not all patients underwent a MRI for diagnostic treatment, only in eight cases [17, 24-29]. Al-Hussaini [24] and Kayashima [30] described a contrast-enhancing, hyper-intense well defined lesion without going into details. In four cases the lesion in T1W was mostly hypointense and T2W hyperintense [17, 25, 26, 28]. “ We still hope, that the revised version will fulfill your perception of your improvement proposal.

Thank you for considering the review,

Sincerely yours

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