

Format for ANSWERING REVIEWERS

January 19, 2014

To the Editor,



Please find enclosed the edited manuscript in Word format (file name: 7301-edited.doc).

Title: Cystic Echinococcosis of the Liver: A Primer for Hepatologists

Author: Rinaldi Francesca, Brunetti Enrico , Neumayr Andreas, Maestri Marcello, Goblirsch Samuel, Tamarozzi Francesca

Name of Journal: *World Journal of Hepatology*

ESPS Manuscript NO: 7301

We thank the reviewers for their comments and suggestions, that have been addressed in the revised manuscript.

Below find a point by point reply to the points raised by the reviewers

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer **00070577** : The authors reviewed about course of infection, diagnosis and treatment of Echinococcosis. Overall I think this paper is well written, but for general readers, I suggested some points.

- 1) It would be helpful to make the scheme about the life cycle of Echinococcosis.

A graph depicting the life cycle of *E.granulosus* has been added as per Reviewer's suggestion (Fig.1).

- 2) About infection, how to gain entry into the human body.

A paragraph has been added detailing the development of the oncosphere into a cyst in the host's organs.

- 3) What color is the drained liquid? It would be helpful the liquid is shown by pictures.

Description of fluid aspect, which parallels the cyst stage and the effects of treatment, has been added as per reviewer's suggestions and two photographs with examples have been added.

- 4) It would be helpful to add representative CT and MRI pictures including the recurrence after surgery or fatal cases.

Six images showing CT and MRI appearances of CE including peritoneal dissemination after surgery have been added as per reviewer's suggestion (Fig.5)

The following parts were already present in the original submitted paper. As the reviewer asked for more data about recurrence and mortality after surgery, we underlined those parts in the revised text.

Despite the low mortality rate (0.2/100,000 population with a case fatality rate of 2.2%) morbidity is high^[4].

Mortality ranges between 0.8-6.5%, morbidity between 12-84%, and relapse rate between 2-30% ^[39, 60, 63, 64].

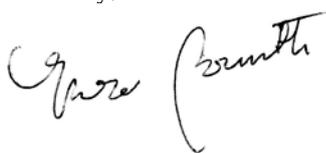
However, results of meta-analysis and single centre studies indicate that radical is superior to conservative surgery, with lower morbidity (3-24% vs 11-25%), mortality (1-1.8% vs 2-5%) and recurrence rates (2-6.4% vs 10.4-40%) ^[61, 64-66], although the type of surgery was not found to be a predictive factor of post-surgery complications in the study of El Malki and colleagues^[60].

Recurrence, both local and as secondary echinococcosis, is associated with spillage during removal of the cyst, incomplete removal of the endocyst, and possibly the presence of unnoticed exophytic cyst development^[63, 69].

3 References and typesetting were corrected

We now hope that our manuscript is suitable for publication in the *World Journal of Hepatology*.

Sincerely,



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