

Feb.25st 2014

**World Journal of Gastroenterology**



Please find enclosed the edited manuscript in Word format (file name: 9112-review.doc).

**Title:** Right hepatectomy for giant cavernous hemangioma with diffuse hemangiomatosis around Glisson's capsule

**Author:** Yu Ohkura, Masaji Hashimoto, Seigi Lee, Kazunari Sasaki, Masamichi Matsuda, Goro Watanabe

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 9112

Dear Editor and Reviewers

Thank you very much for your letter dated Jan 25, 2014. We found the reviewers' kind and detailed suggestions most helpful and have revised the manuscript accordingly. Please find the revised manuscript, including changes indicated by underlining, and pages with our point-by-point responses to the reviewers' comments and our corresponding changes. We submit this revised manuscript for your consideration for publication in *World Journal of Gastroenterology*.

We sincerely look forward to hearing from you again at your earliest convenience.

Best regards,

## Point-by-point responses to reviewers' comments

### Reviewer1:

#### COMMENTS

1. **Please address the intra vascular option targeting vascular embilization of the feeding arteries of the hemangioma as an option to reduce hemangiom size and fascilitate surgical approach. In samller hemangiomatous lesions this method may be considered the main therapeutic intervention. Please consider to add the sollowing reference to the article's discussion. Prague Med Rep. 2012;113(2):166-71. Pre-operative arterial embolization of symptomatic giant hemangioma of the liver. Kayan M, Cetin M, Aktas AR, Yilmaz O, Ceylan E, Eroglu HE.**

Thank you for good suggestion. We sincerely agree with reviewer's comment. We added following sentence;

Page8, Line 15;

**However, *Kayan et al.* (9) reported that the combination of preoperative percutaneous trans-catheter arterial embolization (TAE) and surgery is a safe procedure which eliminates the risk of intraoperative bleeding in the treatment of giant hepatic hemangioma.**

Page8, Line19;

**Although there have been no previous reports of these accessory lesions, if we can decrease main tumor size, shrinkage or disappear hemangiomatosis around main tumor by TAE, we may be able to resect smaller range of the liver..**

And we added this to reference as number 14.

2. **Abstract line 2 - instead of chief , write main**

Page 3, Line 4.

We change the "chief" to "**main**" according to the reviewer's suggestion.

**3. case report line 1 - instead of chief write main**

Page6, Line 2.

We change the "chief" to "**main**" according to the reviewer's suggestion.

**4. line 12 - no need for approximately**

Page 6, Line 12.

I deleted "approximately" according to the reviewer's suggestion.

**5. Discussion line 10 - accepted that the diagnosis of giant.....**

Page8, Line 11.

We change the "accepted that giant hemangioma" to "accepted that **the diagnosis of** giant hemangioma" according to the reviewer's suggestion.

**page 2 - line 5 - in relation with hereditary**

Page 9, Line 9.

We change the "in relation hereditary" to "in relation **with** hereditary" according to the reviewer's suggestion.

**line 11+12 - please omitt "there are" and start the sentence with "only a few..."**

Page9, Line 15.

I deleted "there are" and start the sentence with "Only a few..." according to the reviewer's suggestion.

**line 17 - please put a full stop after hemangiomatosis and start a new sentence.**

Page 9, Line 19

I corrected according to the reviewer's suggestion.

**line 20 - is ususally not included**

Page 9, Line 24.

We change the “not usually” to “usually not” according to the reviewer’s suggestion.

**line 22 - that were described**

Page 10, Line 1.

We change the “findings they described” to “findings **that were** described” according to the reviewer’s suggestion.

**Reviewer2:**

- 1. The paper is very good and complex. The authors thoroughly explained the problem of of blood-based biomarkers for early diagnosis and surveillance of CRC. This paper is a unique connection between basic research and clinical application. This review paper deserves to be published in World Journal of Gastrointestinal Oncology**

Thank you for a good comment and having our paper evaluated highly.

**Reviewer3:**

- 1. This is a case report of giant cavernous hemangioma (GCH) associated with diffuse hemangiomatosis. Although GCA is a rare disease, it is currently well known that the disease is frequently associated with diffuse hemangiomatosis in the liver among hepatologists. There have already been case series studies as the authors referred in the present case report. Thus, this manuscript does not reach the level where World Journal Gastroenterology requires for publication.**

Thank you for having our paper corrected.

Isolated diffuse hemangiomatosis of liver with giant cavernous hemangioma in adult without extrahepatic lesions is extremely rare.

As you indicated, Jhaveri et al. (1) reported that association of hepatic hemangiomatosis with giant cavernous hemangioma in an adult population.

However, the difference between their paper and our paper is that in their cases,

hemangiomas diagnosed in imaging test; abdominal ultrasonography, CT, MRI etc., but in our case, hemangiomas were not recognized preoperatively. And also, we make further reference to surgical precaution and operative procedures etc. following pathological findings in our report. Therefore, we think that our paper has the original features which other papers don't have. I appreciate your significant opinion.

#### Reference

- 1) Jhaveri KS, Vlachou PA, Guindi M *et al.* Association of hepatic hemangiomas with giant cavernous hemangioma in the adult population: prevalence, imaging appearance, and relevance. *AJR Am J Roentgenol* 2011; **196**: 809-15.

To the reviewers

Firstly we sincerely appreciate for your reviewing. We are sincerely astonished your deep understanding about our study. We hope we could discuss with you about further study about tumor differentiation grading of hepatocellular carcinoma.

Again, thank you for your meaningful suggestions.

In closing, we express our gratitude again to the reviewers and editors; their comments gave us the opportunity to provide much detailed information. We believe that their comments were very helpful in cleaning up of the manuscript. Thank you.

Sincerely yours,

Yu Ohkura, M.D.

Department of Hepatology, Toranomon Hospital, 2-2-2 Toranomon,  
Minato-city

Tokyo 105-0001, Japan

Te1: +81-3-3588-1111; Fax: +81-3-3566-4963

E-mail: [yu.ohkura107@gmail.com](mailto:yu.ohkura107@gmail.com)