

April 2, 2014

Dear Editor,

Please accept our edited manuscript in Word format (file name: vasc anomal 9188 rev.doc). We appreciate the comments of the reviewers and hope that our revised manuscript follows the suggestions appropriately. We are very thankful for the time and effort that went to reviewing and editing our paper.

Title: A Pictorial Review of Nomenclature, Diagnosis, and Treatment

Authors: John L. Noshier, MD, Philip G. Murillo, MD, Mark Liszewski, MD, Vyacheslav Gendel, MD, Christopher E. Gribbin, MD.

Name of Journal: *World Journal of Radiology*

ESPS Manuscript No.: 9188

The manuscript has been improved according to the suggestions of reviewers. Revision has been made according to the provided suggestions, as follows:

1. In the second paragraph of the introduction, the phrase “and other less common vascular tumors” has been removed. We agree with the reviewer on the lack of clarity in the original sentence.
2. In the third paragraph of Vascular Tumors, we added a sentence stating that infantile hemangiomas stain positively for GLUT-1 and have provided a reference supporting that statement. A reference has also been provided for the last sentence of that paragraph, as requested by the reviewer.
3. In the last paragraph before Low Flow Vascular Malformations, the words “soft tissue” were added before “mass,” as suggested by the reviewer. The words “or amorphous dilated channels” were also added to the description of venous malformations, as suggested by the reviewer.
4. The word “often” was added before “requires” in the paragraph on lymphatic malformations (last sentence), as suggested by the reviewer.
5. Under Klippel-Trenaunay Syndrome, the word “occasionally” was replaced with “usually,” as suggested by the reviewer.
6. Under Maffucci Syndrome, “hemangioendothelioma” has been removed, as suggested by the reviewer.
7. For figure 3, we added a T1 axial image showing lipomatous overgrowth and added a commentary about this in the caption.
8. For figure 8, we added comments about the presence of phleboliths in the MR image and the venographic image, as suggested by the reviewer. Unfortunately, we do not have an MRI gradient image to confirm the presence of phlebolith on the MR, so we used the word “likely” in our description.

9. For figure 20, we added a comment about lipomatous overgrowth, as suggested by the reviewer.

Thank you again to the editorial board and the reviewers. We look forward to working with you again in the near future. We appreciate the opportunity to be a part of your publication.

Sincerely,

John Nosher, MD
Philip G. Murillo, MD
Mark Liszewski, MD
Vyacheslav Gendel, MD
Christopher E. Gribbin, MD.