



# BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

http://www.wjgnet.com

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15980

**Title:** Radiofrequency ablation for large hepatic hemangiomas abutting the diaphragm: comparison of laparoscopic versus computed tomography-guided approach

**Reviewer's code:** 03016124

**Reviewer's country:** Turkey

**Science editor:** Yuan Qi

**Date sent for review:** 2014-12-21 18:31

**Date reviewed:** 2014-12-22 01:21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

A well designed study.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15980

**Title:** Radiofrequency ablation for large hepatic hemangiomas abutting the diaphragm: comparison of laparoscopic versus computed tomography-guided approach

**Reviewer's code:** 03011676

**Reviewer's country:** Japan

**Science editor:** Yuan Qi

**Date sent for review:** 2014-12-21 18:31

**Date reviewed:** 2014-12-26 12:14

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

### COMMENTS TO AUTHORS

Thank you for the opportunity to review this work. This manuscript suggests laparoscopic RF ablation for large hepatic hemangioma abutting the diaphragm is safety compared to CT-guided RF ablation. While the manuscript is well written and I was very interested to read it, but I have the following comments: There have been many reports about laparoscopic RF ablation for hepatocellular carcinoma. Although authors states that percutaneous RF ablation of hepatic hemangiomas abutting the diaphragm is more dangerous than RF ablation of malignant tumor abutting the diaphragm due to large adhesion areas, laparoscopic RF ablation for malignant tumor is not mentioned. Are there any difference according to postoperative complications between laparoscopic RF ablation for hemangioma and RF ablation for malignant tumor? It may be better to describe similarities and differences between them in the discussion part.

## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 15980

**Title:** Radiofrequency ablation for large hepatic hemangiomas abutting the diaphragm: comparison of laparoscopic versus computed tomography-guided approach

**Reviewer's code:** 02992941

**Reviewer's country:** United States

**Science editor:** Yuan Qi

**Date sent for review:** 2014-12-21 18:31

**Date reviewed:** 2015-01-07 09:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

### COMMENTS TO AUTHORS

Gao et al. report, "Radiofrequency ablation for large hepatic hemangiomas abutting the diaphragm: comparison of laparoscopic versus computed tomography-guided approach." They aimed to compare safety and therapeutic efficacy of laparoscopic radiofrequency (RF) ablation versus computed tomography (CT)-guided RF ablation for large hepatic hemangiomas abutting the diaphragm. They retrospectively reviewed their sequential experience of treating 51 large hepatic hemangiomas abutting the diaphragm in 51 patients with CT-guided or laparoscopic RF ablation. Altogether, 24 hemangiomas were treated with a CT-guided percutaneous approach, and 27 hemangiomas were treated with a laparoscopic approach. The mean diameter of the 51 hemangiomas was  $9.6 \pm 1.8$  cm (6.0–12.0 cm). There was no difference in the diameter of hemangiomas between the two groups ( $P > 0.05$ ). RF ablation was performed successfully in all patients. There was no difference in ablation times between groups ( $P > 0.05$ ). There were 23 thoracic complications in 17 patients: 15 (62.5%) patients in the CT-guided ablation group and 2 (7.4%) patients in the laparoscopic ablation group ( $P < 0.05$ ). Both major complications occurred in the CT-guided ablation group. The minor



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<http://www.wjgnet.com>

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complications were treated successfully with conservative measures, and the two major complications underwent treatment with chest tube drainage and thoracoscopic surgery, respectively. Complete ablation was achieved in 91.7% (22/24) and 96.3% (26/27) in the CT-guided and the laparoscopic ablation groups, respectively ( $P > 0.05$ ). Therefore, they concluded that laparoscopic RF ablation therapy should be used as the first-line treatment option for large hepatic hemangiomas abutting the diaphragm because it avoids thermal injury to the diaphragm and reduces thoracic complications. This is an interesting manuscript, but I have several questions as follows: 1. In the abstract, please describe the indication for treatment (i.e., symptoms)? 2. Are there certain locations where a CT approach still reasonable? What about a combined approach in a hybrid room? 3. Provide more detail about how the ablations were performed. For example, average number of ablations per patient in addition to time. 4. Has microwave ablation been attempted? 5. In the Methods: Were these more specifically 4A lesions? Segment 5 is not close to the diaphragm typically. What about segment 2? 6. Is the choice of lap vs CT more a selection bias of institutions rather than planning of one approach over another. How does this affect the findings? 7. Chi symbol is missing under statistical analysis. 8. Did the patient's symptoms improve with treatment? What percentages in each group? 9. Table 3: P-value missing a number.