

July 3, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10935-review.doc).

Title: Focal nodular hyperplasia coexistent with hepatoblastoma in a 36-day-old infant

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10935

The manuscript has been improved according to the suggestions of reviewers:

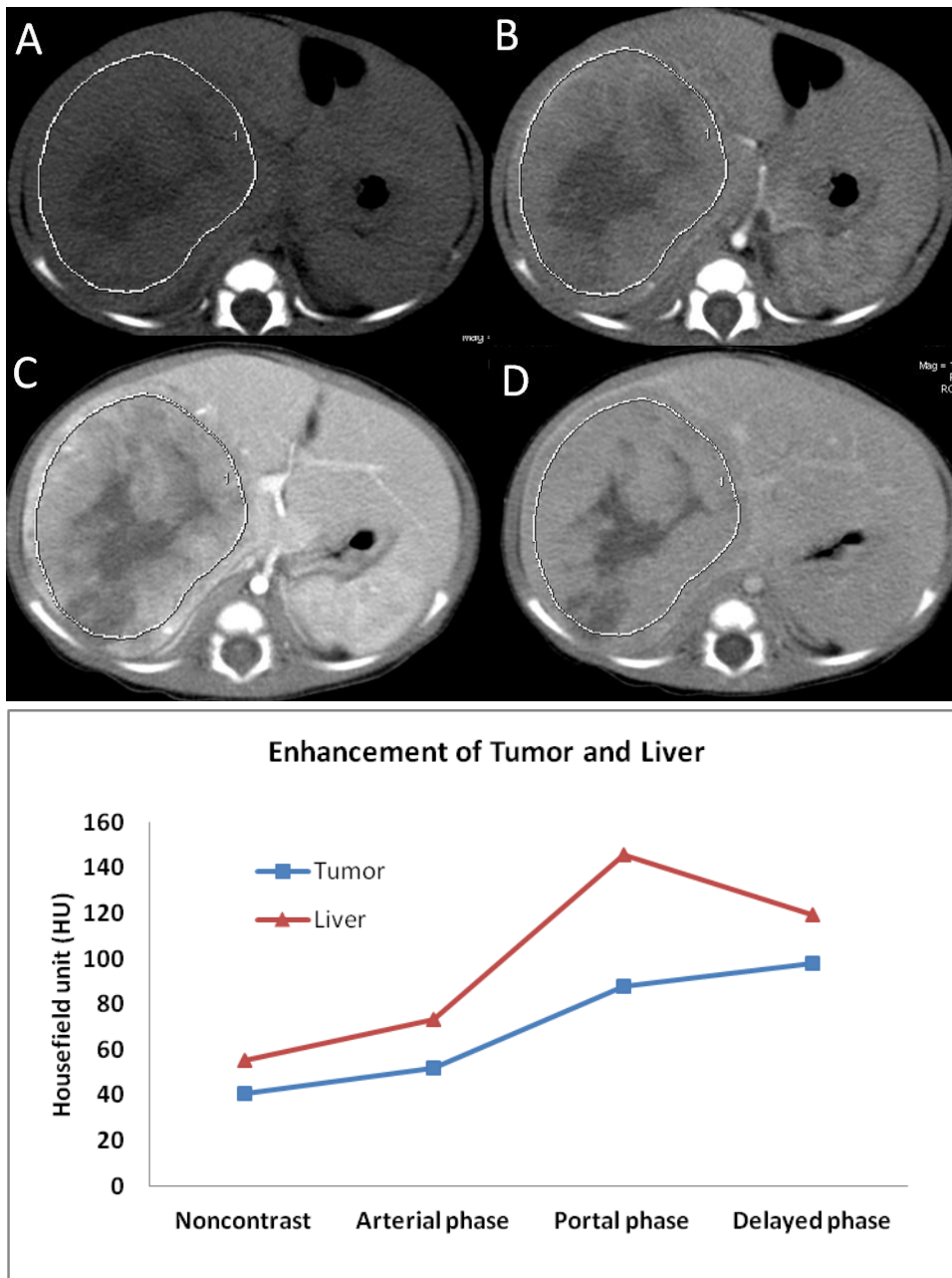
- 1 Format has been updated
- 2 Revision has been made according to the suggestions of the reviewer

(1) Reviewed by 02830058

- ① This is an interesting case report with CT images and pathological sections.
- ② But, the authors should add characteristic signs of the portal and delayed contrast-enhanced CT scans, and these maybe very helpful in its diagnosis.

Thanks for your suggestion. We have added characteristic signs of the tumor at the portal and delayed phase of contrast-enhanced CT scans as follows:

The tumor showed early mild enhancement at the arterial phase (from 40HU without contrast to 52HU at the arterial phase), intense enhancement at the portal phase (87.7HU) and 98.1HU in the 3-min delay scan, with slight enhancement of the central scar (Supplement figures). The tumor always showed hypodense to the surrounding liver parenchyma (Supplement graph).



③Also, the authors should add more informations about differential diagnosis in terms of diagnostic imaging and pathology though literature review or their experience.

Thanks for your suggestion. We have added the discussion about differential diagnosis.

The features of FNH on MRI and CT include homogeneity, arterial phase enhancement suggestive of hypervascularity, a lack of lesion capsule, and the

presence of a central scar. Ultrasound, CT, and especially MRI have proven effective at distinguishing FNH from other benign and malignant lesions in adults. In children, due to its infrequency and more variable imaging features, the accuracy of radiologic diagnosis of FNH is challenging. Atypical or variable radiologic features such as absence or non-enhancement of the central scar may be more common in children than adults. Atypical features make it difficult to differentiate FNH from other benign or malignant lesions, including hepatic adenoma, hemangioma or infantile hemangioendothelioma, hepatoblastoma, and hepatocellular carcinoma.

(2) Reviewed by 00374038

Although FNH is rare in children, there are dozens of such case reports in the literature. Therefore, this report is lack of novelty.

Thanks. A computerized search was performed in PubMed/Medline to identify relevant articles published with the terms of "focal nodular hyperplasia" and "hepatoblastoma". The publications were limited to full articles or abstracts in English. There were 40 publications found. We identified these publications and found one case of hepatoblastoma concomitant with FNH after treatment of neuroblastoma in a 4-year-old boy.

(3) Reviewed by 02943773

Correction of minor faulty writings are needed like: -"She underwent a surgery operation with the tumor resection": She underwent a surgical resection of the tumor. -"...with a central star-like scar in right lobe of the liver, the central star-like scar was hypo-density on non-contrast image": was hypodense -"Likewise, Lautz et al[9] , described a patient with a history of neuroblastoma and biopsy-proven multifocal FNH went on to develop hepatocellular carcinoma": who went to

Thank you. We have corrected these minor faulty writings and further had our manuscript edited by the English language editing company Jing-Yun Ma Editorial

Office.

3, References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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