

## Answers to reviewer comments



January 22, 2016

Dear Editor,

Please find enclosed the edited manuscript in Word format (file number: 22731).

**Title:** focal liver lesions found incidentally

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**Name of Journal:** World Journal Hepatology

**ESPS Manuscript NO:** 22731

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

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

(1) Reviewer 1:

- Authors state.....Specific points should be taken in consideration as a part of history taking; risk factors for liver cirrhosis like hepatitis and alcohol consumption, exposure to substances known to cause liver lesions, use of the oral contraceptive pill should be elucidated especially in childbearing aged women....., but also the MS presence is a key clue in the history of patients as clearly evidenced in the following paper, i.e., Could metabolic syndrome lead to hepatocarcinoma via non-alcoholic fatty liver disease? World J Gastroenterol. 2014 Jul 28; 20(28): 9217-28

- We thank you for your response. We agree with your comment. This has been added to the paragraph of history taking and reference has been added.

(2) Reviewer 2:

**- Article type was not provided for this manuscript, but it looks like a review article concerning accidentally found focal liver lesions. If this is a review article, one need to review far more articles than 32 in the reference in order to cover very broad spectrum of diseases, medical history, blood tests, imaging methods, and biopsies associated with focal liver lesions.**

- We thank you for your comments. This article is a mini review. The article type has been added. We think the number of references is enough for a mini review. One more reference has been added in concordance with added information in the history and physical examination paragraph.

**- Only some general and obscure recommendations were suggested by the author. As a clinician, I would like to know what tests to choose and what to expect in specific circumstances. For example, what test should I choose when cystic/solid (with clear margin)/solid (with obscure margin) lesions were found on the liver, and what should be the most likely diagnosis or percentage of final diagnosis in each circumstance. However, such practical recommendation and percentage data were not seen in this article.**

- Thank you for your comments. Due to lack of evidence to suggest what type of test to be used in different scenarios, we thought that putting the different type of tests and their evidenced benefits is enough and the decision of what tests to be used and the degree of satisfaction should be left to multidisciplinary decision.

**- It would be very helpful to readers if percentages were provided in Table 1 and Table 2. Also, every clinician may want to know full clinical data (can be brief) of patients, of which images were provided in Figure 1 and Figure 2.**

- Thank you for comment. This has been added.

(3) Reviewer 3:

**- The type of the article should be mentioned in the title page. It is not mentioned whether it is a Review article, Editorial, or Frontier. The evaluation will depend on that. I realized later that this is a review. I think this is only a short review.**

- Thank you for comment. This is a mini review. Type has been added.

**- The authors have to justify why there are six authors on such manuscript of only 32 references. I personally think that the maximum number of authors of this manuscript should be 3 authors to prevent honorary authorship.**

- Thank you. There are five authors. Two of them are junior staff in beginning of their career and they were involved in collecting materials and retrieving patient's information. They were given this chance as part of their training curriculum.

**-The paper in general looks like separate sections summarizing each area without a clear algorithm on how to manage patients. It is not enough to mention the advantages or disadvantages of each diagnostic tool. The authors have to critically read the literature and make a clear plan on how to manage an incidentally found focal liver lesion other than summarize the literature. Actually most of the article is well known information for clinicians except three areas which are the contrast enhanced ultrasound and contrast enhanced MRI and the elastography.**

- Thank you. We agree with that, but unfortunately there is no clear evidence to support putting an algorithm. We can formulate an algorithm based on experience only. Hence, we chose to put the evidenced advantages of each tests and then the decision should be left to multidisciplinary decision.

**- The paper needs linguistic corrections for example defferential at the introduction should be differential.**

- Thank you. This has been done and correction has been made.

**- What is the relevance of using focused assessment of sonography in Trauma (FAST). It is completely irrelevant (Page 5, first paragraph). This supports the opinion that this review was not critically written and composed of adding different sections together without proper critical evaluation of the literature**

- Thank you. We mentioned the FAST scan in the ultrasound paragraph as an example of how a focal liver lesion could be found incidentally and to show how the ultrasound could be sensitive tool in evaluating liver lesions.

**- The paper should be supported by proper images of specific characteristics for educational purposes with arrows and educational messages in them with high quality. The quality of the figures in the present article is low and not clear.**

- Thank you. Images has been improved with arrows and clinical information

**- It is important to develop a proper management algorithm and add as a new diagram summarizing your article. This algorithm will be helpful for the clinicians more that general unrelated pieces of information.**

- Thank you. With lack of evidence, we can't develop an algorithm. We think experience is not enough to suggest that.

**- The authors have to state clearly in the management plan their indications for surgery and how would fine needle aspiration avoid surgery.**

- Thank you. We said that fine needle aspiration should be reserved for a patient who is not candidate for surgery. So that at a tissue diagnosis is reached so the patient can go for further medical treatment. We don't think that fine needle aspiration would prevent surgery if the treating

staff has chose to do it and if the lesion is resectable. Furthermore, the scope of the article is how to reach diagnosis more than surgical intervention per says. However, we added the other indication of surgery which a lesion which has been diagnosed in addition to surgery for a lesion with a doubtful nature.

- References and typesetting were corrected

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

Sincerely yours,

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Dear Fang,

Dear editor in chief,

The APASL and AASLD guidelines has been cited where appropriate.

We appreciate your comment.

many regards

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