Reviewer's report

Title: Giant liver hemangioma resected by trisectorectomy after efficient volume reduction by transcatheter arterial embolization: a case report

Version: 2 Date: 30 May 2010

Reviewer: Konstantinos Blouhos

Which of the following following best describes what type of case report this is?: Other

If other, please specify:

An extremely rare presentation of a disease with challenging management

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: No

Will the case report make a difference to clinical practice?: No

Is the anonymity of the patient protected?: Yes

Comments to authors:

General comments

Haemangioma is the commonest “benign” liver tumor. These lesions can, at times, present a diagnostic dilemma. There is considerable controversy regarding the “ideal” treatment of the so called “giant” (> 4 cm in size) haemangiomas of the liver. Some authors, on the basis of long-term follow-up, propose that most of these lesions do not require any treatment. Others have treated these lesions surgically, citing symptoms, increase in size, possibility of
rupture, or diagnostic uncertainty.

It is of no doubt that in the extremely rare occasions of such cases, as in the case presented by the authors, the patient must be operated on. This can be a difficult call.

Resection in such a case is challenging and highly demanding. Certainly, it should be done by skillful and experienced surgeons. Taking their time, the authors manage the patient appropriately, and finally treated him successfully. It was an excellent job done.

There are only a few questions raised for the management needed clarification, and some notes for the authors to add in the discussion section.

Minor Revisions necessary for publication
Specific comments

There are typographical errors.

I believe that adding some notes and answers to the following questions, this excellent report might be even more attractive.

Were any doubts about this long waiting time from the first TAE till final surgery? TAE is suggested as an excellent therapy for easing the symptoms, facilitated mobilization of the liver by shrinking the haemangioma and consequently, decreased intraoperative bleeding. However, sometimes vascular recanalization occurs and even increases the lesions size. On the other hand, complications can occur after embolization and they could postpone the operation and result in the loss of an opportunity for surgery. Thus, some authors recommend performing the operation soon after embolization. The authors should make some comment on that.

Because this report represent a technical challenge, it should be nice to have intraoperative photos, and some technical details of this highly demanding operation.

How much of a decrease in size was required before the surgeons feel safe for resection? Wasn’t enough after the first TAE? AND why they didn’t wait more after the success of the second one?

Was the clinical course of the patient after TAE without any problems? Experienced the patient more or less complaints?

Was any preparation at all in case of a complicated course after TAE? AND which options the authors had in mind?

Why the authors choose a conversional approach for such a huge mass? Why they didn’t choose a thoracoabdominal approach? This approach is advantageous in that it provides a sufficiently large field of view, and it has been
reported as a useful method for right side hepatectomies, especially for large masses.

Was the liver enough manageable?

Did the authors use some type of vascular occlusion? Or total exclusion?

Because proponents of enucleation, argue that size is not a limiting factor, and very large lesions can be removed using this technique, was that possible in the case presented?

Did the authors use a cell saver to cut down on blood from the bank, because obviously, this was not a malignancy and this could be a place where cell savers could be used?

**Quality of written English:** Acceptable

**Declaration of competing interests:**

'I declare that I have no competing interests'