Author's response to reviews

**Title:** Successful en bloc resection of recurrence hepatocellular carcinoma directly invading the abdominal wall

**Authors:**

Aijun Li (aili62@gmail.com)
Bin Wu (jupiterwu911@sina.com)
Longjiu Cui (longjiu2006@126.com)
Mengchao Wu (qiufujian@sina.com)

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Comments to authors:
1. Extensive linguistic corrections should be made.
   A teacher has helped me.

2. Authors should clearly refer to the first tumor and the exact type of operation they performed then and write the histology report and if the patient received any adjuvant therapy.
   OK, I have written the first tumor in my article.

3. Authors must explain why did they perform a left lobectomy for segment IV recurrence, when in the first operation segments III and V were resected. This is very unclear.
   The patient has first operation of multi-tumors in liver 10 month ago, the tumors were located in Couinaud's segments III and V, which was a local resection. Second operation, we resected remnant left lobectomy.

4. Authors should explain why did they pack with gauzes the operative field and why were these removed on the fifth day rather than in the first 24-48 hrs, as is usually done. Was their patient eptic by the fifth postoperative day?
   The surgical wound (the cut surfaces) is large; using local gauze packing was applied to avoid postoperative bleeding. The abdominal drain and gauze packing was loosened and removed on the third and fifth day after the operation.

5. Authors must explain how did they resect en bloc the recurrence with the abdominal wall invasion. Did they first resect the wall and then the liver or vice versa? Did this interfered with their manipulation of the liver during dissection?
   The recurrence liver tumor invades directly the abdominal wall. First, we resect the abdominal wall invasion and then the liver tumor. So we can get the en-bloc resection specimen of HCC with the abdominal wall invasion.

The surgical wound (the cut surfaces) is large.
Using local gauze packing was applied on the wound.

The en-bloc resection specimen of HCC with abdominal wall invasion.