Author’s response to reviews

Title: Huge Fetal Hepatic Hemangioma: Prenatal Diagnosis on Ultrasound and Prognosis

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Author's response to reviews:

Cover letter

October 29, 2017

Tovah Honor Aronin
Editor-in-Chief
BMC Pregnancy and Childbirth

Dear Mr. Aronin:

I wish to submit a revised paper for publication in BMC Pregnancy and Childbirth titled “Huge Fetal Hepatic Hemangioma: Prenatal Diagnosis on Ultrasound and Prognosis.” The paper was coauthored by Li Jiao-ling, Geng Xiu-ping, Chen Kun-shan, He Qiu-ming, Li Xiao-fen, Yang Bo-yang, and Fang Qian.

I revised the manuscript according to the comments of the peer-reviewers as follows:
Reviewer 1
1. Materials section: P4 Ln 70 “ranged from 31+ to 39+ weeks (mean, 35 + 1 weeks)” was removed in the Results section.

2. Materials: P4 Ln 76. “for follow-up after the diagnosis of the hemangiomas” was added.

3. “Complications and mode and time of delivery were also recorded” was removed in P4 Ln 78.

4. During the follow-up, the lesions enlarged, and we considered surgical treatment.

5. The age of gestation during delivery for each case was summarized in Table 1.

6. All were consultation cases incidentally diagnosed when ultrasound was routinely performed in the third trimester at another hospital.

7. On 2-dimensional sonography before delivery.

8. On the day of birth, six neonatal ultrasound findings were similar to those of prenatal ultrasound.

9. Antenatal ultrasound and MRI can show larger lesions and scattered punctate calcifications. However, prenatal MRI can show smaller lesions compared with prenatal ultrasound. When prenatal ultrasound showed abundant blood flow within the lesion, flow voids associated with intralesional high-flow blood were frequently seen under prenatal MRI.

Reviewer 2
1. They are characterized as either rapidly involuting or non-involuting based on their clinical progression, which are distinct from vascular malformations.

2. Which reach maximum size at birth

3. All 6 cases were referred to our center due to the suspicion of fetal anomalies via ultrasound examinations in other hospitals. The mean age of pregnant women was 27 years (range, 22–31 years).

4. Contrast-enhanced computed tomography

5. Sequoia 512; Acuson Siemens, Germany

6. The other 5 fetuses had solitary lesions.

7. Above normal (<0.33).
8. Flow voids associated with intrallesional high-flow blood were frequently seen. In addition to the large lesion in the left liver lobe in fetus 2, prenatal MRI also detected multiple low-signal-intensity nodules of various sizes scattered throughout the right liver lobe. The nodules were spherical with clear boundaries and had relatively uniform internal signal intensity. The signal intensity in the liver parenchyma between the nodules was normal.

9. Fetus 5 and fetus 6 were

10. Neonate 6 underwent interventional therapy with pingyangmycin (a kind of sclerosant) because he has a family history of asthma.


12. they are rarely reported, their rate of incidence is unclear.

13. These MRI findings (described in the results section) agree with those of Dong et al.

14. On postnatal contrast-enhanced CT, all lesions showed centripetal enhancement, which was more intense peripherally.

15. Numerous studies have shown that corticosteroids can shrink hepatic hemangiomas.

This study provides a detailed description of the imaging characteristics of 6 huge fetal hepatic hemangiomas treated at our hospital. We believe that our study makes a significant contribution to the literature because it is the first to determine the incidence rate of these tumors and to use propranolol and dexamethasone as a neonatal treatment, which was successful.

Further, we believe that this paper will be of interest to the readership of your journal because it focuses on a fetal disease that despite its rarity can have serious complications.

Please consider, as potential referees, 1. Alamo L, E-mail: Leonor.alamo@chuv.ch; 2. Mulliken JB, E-mail: John.mulliken@tch.harvard.edu; 3. Cohen MM Jr, E-mail:Michael.cohen@dal.ca;

This manuscript has not been published or presented elsewhere in part or in entirety and is not under consideration by another journal. All study participants provided informed consent, and the study design was approved by the appropriate ethics review board. We have read and understood your journal’s policies, and we believe that neither the manuscript nor the study violates any of these. There are no conflicts of interest to declare.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

Li Jiao-ling