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

November 18, 2017

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

Dear Dr. Aronin:

Please find attached a revised version of our manuscript, entitled “Huge Fetal Hepatic Hemangioma: Prenatal Diagnosis on Ultrasound and Prognosis,” which had been submitted for publication in BMC Pregnancy and Childbirth. A point-by-point response to the comments of the editors and reviewers is appended below.

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 describe the successful use of propranolol and dexamethasone as neonatal treatment. We believe that this paper will be of interest to the readers of BMC Pregnancy and Childbirth because it focuses on a fetal disease that, despite its rarity, can have serious complications.
This manuscript has not been published or presented elsewhere in whole or in part 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 the policies of BMC Pregnancy and Childbirth, 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. We look forward to hearing from you.

Sincerely,

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The following is a point-by-point response to the comments of the Editor and reviewers:

1. Line 54: Among the 93,562 fetuses of 92,126 pregnant women examined routinely via serial ultrasound at 22–24 weeks, 30–32 weeks, and 36–38 weeks between January 1, 2013 and February 28, 2016, only 6 fetuses, of 6 women, were prenatally diagnosed with huge hepatic hemangiomas, with this diagnosis confirmed postnatally.

2. Line 76: or interventional therapy with the medical sclerosant pingyangmycin [13].

3. Line 78: During the neonatal follow up-period,

4. The Obstetric information in lines 111-118 appears in table 1
The obstetric information of the 6 fetuses is summarized in Table 1. Fetuses 1, 2 and 3 were delivered via cesarean section, because no sign of threatened labor was noted (fetus 1), the cardiothoracic ratio increased (fetus 2), or the uterus was scarred (fetus 3). Fetus 4 had no complications and was delivered spontaneously. Fetuses 5 and 6 were spontaneously delivered, 2 days after the occurrence of mild pericardial effusion.

5. Line 120: sclerotherapy with pingyangmycin due to a relative contraindication to beta blockers.

6. Line 137: If huge hepatic hemangiomas are prenatally diagnosed, they can be monitored in utero to identify these potential fetal complications.

7. Line 139: Huge hepatic hemangiomas are vascular tumors of diameter >4 cm. Because these tumors are rarely reported, their actual incidence is unclear.

8. Line 141-3: Our study found that only 6 of 93,562 fetuses were prenatally diagnosed with huge hepatic hemangiomas, a diagnosis that was confirmed postnatally, making the incidence of huge hepatic hemangiomas 0.64/10,000.

9. Line 146-9: Cases of fetal multiple hepatic hemangiomas have only been reported twice [18, 12], hence, fetus 2 in this study is the third reported case in the literature.

10. Line 150: Postnatal ultrasound findings were concordant with prenatal findings in all 6 cases

11. Line 161 and 162: demonstrate
12. Line 164: observed on prenatal MRI
13. Line 167: making pregnancy-related decisions, including active management with in-utero treatment, expectant management, or expediting delivery.
14. Line 186: this modality
15. Line 192: 1 month of age
16. Conclusions: Our results suggest that accurate prenatal diagnosis and regular monitoring of fetuses with huge hepatic hemangiomas may improve prognosis and help avert serious complications. Basing postnatal treatments on prenatal imaging findings may help reduce the perinatal mortality rate due to this condition. Our findings may assist physicians in choosing the best mode and time of delivery as well as the appropriate treatment for these fetuses and neonates. To our knowledge, this study is the first to report the incidence rate (0.64/10,000) of huge congenital hepatic hemangiomas in south China. We intend to perform a prospective, controlled study to further investigate whether oral propranolol with or without dexamethasone is effective for the management of huge congenital hepatic hemangiomas.
17. Figures 1-3 appear twice each at the end: removed the unnecessary figures