



SDI Review Form 1.6

Journal Name:	<a href="#">Asian Journal of Case Reports in Surgery</a>
Manuscript Number:	<b>Ms_AJCRS_43483</b>
Title of the Manuscript:	<b>Giant Right Liver Hemangioma associated with Kasabach-Merritt Syndrome in an Adult Patient</b>
Type of the Article	<b>Case Report</b>

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



**SDI Review Form 1.6**

**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<b>Compulsory</b> REVISION comments	<ol style="list-style-type: none"> <li>1. The manuscript needs extensive language revisions from a native English speaker in order to improve its readability. It has innumerable grammatical and syntactic mistakes and is hard to read.</li> <li>2. It is quite a surprise that the authors fail to mention in the discussion section of the manuscript the use of oral propranolol as a treatment option for hepatic hemangiomas. This is a <u>serious omission</u>, especially since propranolol has been used for this indication over the last decade with excellent results, i.e., proven efficacy and safety. In fact, it is now considered as first-line option and its use has decreased the number of surgeries for hepatic hemangiomas.</li> <li>3. The authors present a woman with thrombocytopenia and prolonged PT, and claim that hemolytic uremic syndrome (HUS) was excluded as a cause of these abnormalities without showing the values of serum creatinine and/or BUN. Also they fail to describe the peripheral blood smear examination results, i.e., the presence or absence of schistocytes, the confirmation of thrombocytopenia, etc. This is another serious omission of this case report.</li> <li>4. The patient was transfused with 3 units of red blood cells, although the estimated blood loss was only 300ml. This does not make sense. Please, clarify whether the transfusion was given only for the operative blood loss or also to correct the pre-existent anemia.</li> <li>5. The formatting of the references is inconsistent, i.e., they have been formatted with several different styles.</li> </ol>	<p>1-The manuscript language has been revised</p> <p>2-Effectively, the oral propranolol has been used as a first therapeutic option for liver hemangioma in selective few patients with good results. However the reported studies were retrospective with a reduced number of included patients. As suggested by authors, randomized prospective studies are highly recommended to evaluate the results and clarify the appropriate use of this agent in such condition.</p> <p>3-the value of serum creatinine was normal and the results of peripheral blood smear did not show morphologic alterations of erythrocytes but confirmed the thrombocytopenia</p> <p>4-The perioperative transfusion of 3 units of red blood cells were required for operative blood loss and also in order to correct a preexistent anemia.</p> <p>5-the formatting style of references has been corrected.</p>
<b>Minor</b> REVISION comments		
<b>Optional/General</b> comments		

As per the guideline of editorial office we have followed VANCOUVER reference style for our paper.

Kindly see the following link: <http://sciencedomain.org/archives/20>