

Dear Editor,

Please find enclosed the revised version of the manuscript entitled “Contrast-enhanced ultrasound in differentiating malignant from benign portal vein thrombosis in hepatocellular carcinoma.”

All requested revisions have been performed (written in red in the text).

Please find enclosed a point-by-point description of changes.

We want to thank the Editor and Reviewers for the help provided in the improvement of this manuscript.

I look forward to hearing from you.

Best regards,

Matteo Nicola Dario Di Minno, MD  
Unit of Cell and Molecular Biology in Cardiovascular Diseases,  
Centro Cardiologico Monzino, IRCCS  
Via C. Parea 4, 20138 Milan, Italy  
Tel and fax +39.02.58002857  
[dario.diminno@hotmail.it](mailto:dario.diminno@hotmail.it)

**Reviewer 1:**

This is a well written editorial. However, some problems are not entirely true in Asian populations.

1. The authors mentioned that "HCC infiltration of the portal vein represents an exclusion criteria surgical resection, chemoembolization, and imaging-guided ablation, even in the presence of an uninodular lesion with a diameter lower than 5 cm". This sentence is certainly not applicable in most Asian countries as resection can still be possible. Image-guided ablation such as high-intensity focused ultrasound will be feasible.

**This is a very relevant point. The sentence has been rephrased (page 3, line 11).**

2. The authors mentioned quite a number of imaging modalities and Perhaps PET scan can be added for completeness.

**Thank you for this useful suggestion. This aspect has now been addressed.**

**Reviewer 2:**

This article is detailed enough in the history part, it could be better if you pay more attention in CEUS's contrast with CT and MRI and emphasize its merit.

**We want to thank Reviewer 2 for this suggestion. This issue has been better addressed (page 6, lines 4-6; page 6, lines 12-13).**