Reviewer

Comment 1: The duration of atenolol treatment to see an effect is short. Haemangioma starts to involute at 12-18 months and other treatments were started at 3 months if no response to treatment. Patients were started prednisolone, bleomycin and lasers if they do not respond, but this might not be appropriate as the patient may not have been on the appropriately treated.

Reply 1: We appreciate your comments very much. In this study, according to the reaction to oral atenolol treatment, prednisolone, bleomycin and lasers were used as complementary medications or therapy to achieve satisfactory clinical results for infantile hemangioma treatment. For patients with fair response to oral atenolol (17 patients), oral prednisone was added to the treatment regimen. After oral prednisone, 15 (88.2%) IHs in the 17 patients involuted without recurrence, and one patient was not responsive to oral glucocorticoid. The one nonresponsive patient and five poor-responsive patients were then treated with bleomycin injection. No recurrence was observed in the 6 cases, and the clinical results of the 6 patients were satisfactory. After oral atenolol treatment, 41 patients exhibited residual hyperpigmentation or telangiectasia. 32 patients were administered timolol maleate cream (Figure 4) and 9 patients who were nonresponsive to one-month treatment of timolol maleate cream underwent pulsed dye laser irradiation. All the 41 patients showed positive response.

Changes in the text: There are no changes in the manuscript.

Comment 2: First choice of therapy currently recommended is propranolol. Ethically, I am not sure if patients should be started on the other treatments if they have not responded without a trial or propranolol.

Reply 2: We appreciate your comments very much. Since 2008, numerous publications have shown the efficacy of oral propranolol for the treatment of infantile hemangiomas. Oral atenolol has been confirmed to be an effective and safe systemic beta blocker for treatment of infantile hemangiomas. More recently, Studies
conducted to compare oral atenolol with oral propranolol for treating infantile hemangiomas showed atenolol was as effective as propranolol\textsuperscript{11,14}. Meanwhile, the Institutional Review Board of Shanghai Ninth People’s Hospital approved this study. Therefore, there are no ethical issues in this clinical study.

**Changes in the text:** there are no changes in the manuscript.

**Comment 3:** The current recommendations is for treatment of haemangiomas on the face/head and neck area. A large proportion of the patients had lesions in the trunk and extremities. These locations are not usually treated and no explanation was given in the study as to why these patients were chose. Ethically, patients are subjected to treatment when they may not have needed them.

**Reply 3:** We appreciate your comments very much. In this study, the primary locations included trunk (28, 21.1%), extremities (23,17.3%), head and neck region (82, 61.7%) which were categorized in Figure 2 at length. Due to the unique subject attribute of Oromaxillofacial Head and Neck Surgery, a large proportion of infantile hemangiomas we enrolled were in head and neck region (82, 61.7%).

**Changes in the text:** there are no changes in the manuscript.