

## ANSWERING REVIEWERS



Dear Editor,

Thanks for your attention and the referee's evaluation and comment on our paper. We have revised the manuscript according to the referee's detailed suggestions. We sincerely hope this manuscript will be finally acceptable to be published on WJG. Thank you very much for all your help and looking forward to hearing from you soon. Please find enclosed the edited manuscript in Word format (file name: 14711-review.doc).

**Title:** Cholecystectomy does not significantly increase the risk of fatty liver disease

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 14711

The manuscript has been improved according to the suggestions of reviewers:  
Revision has been made according to the suggestions of the reviewer.

Comment:

Major 1: It would be more interesting if you divide the FLD into NAFLD group and ALD group, and reanalyze the data.

Response: Thanks for the referee's kind advice. There is a regret that information regarding drinking status was not available. And our study focused on the relationship between cholecystectomy and FLD, not divided into NAFLD group and ALD group. However, we consider it is acceptable. A cross-sectional survey from China [PMID: 18081233] showed that among 3543 participants, 609 (17.2%) were diagnosed having FLD. Among them, the prevalence of confirmed alcoholic liver disease (ALD), suspected ALD and nonalcoholic fatty liver disease (NAFLD) were 0.4%, 1.8%, and 15.0%, respectively. It suggested that nearly 90% were NAFLD in all FLD subjects. Back to our article, we could not get a detailed history of drinking among the objects. But we are still confident due to that the number of subjects was large and the results were reliable. Though NAFLD was not separated from FLD, we think the conclusion of this article is also valuable. Our results are not entirely consistent with other studies, which might be due to the shortcomings mentioned in this article.

Minor 1: Abbreviations were used without a definition in the Abstract and text (BMI, AST, ALT, BUN, HDL, TC, LDL, eg).

Response: Thanks for the referee's kind suggestion. The descriptions of these abbreviations were placed in the "MATERIALS AND METHODS" and "Table 1" sections. If needed, we will re-edit.

Minor 2: "Compared with without cholecystectomy subjects, having had cholecystectomy was associated with higher....." I believe it should be "compared with subjects without cholecystectomy".

Response: Thank you for your careful reading. We have modified this sentence with red color in the text according to your suggestion.

Minor 3: Discussion section, the first sentence should add the references (several studies).

Response: We have added the references as required. However, direct studies about the relationship

between cholecystectomy and fatty liver disease were rare.

Minor 4: In the Table 1, gender should be replaced by using sex. BMI (kg/m<sup>2</sup>) should be normal way.

Response: Thanks for your carefully check. We have made changes.

Minor 5: In the Table 2, are not other factors significant? They should be listed if significant.

Response: Thanks for your suggestion. Well-known causes of FLD include being overweight, hypertension, alcohol intake, type 2 diabetes, insufficient physical exercise and so on. However, our paper lacks a comprehensive medical history. So no other factors were listed. However, our data contains lipids, blood glucose and other metabolic factors, some reference value should be recognized.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

GUOZHONG JI