

## A response letter to Editor

The information of the earlier submitted manuscript is

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

**Manuscript NO.:** 23824

**Column:** Case Report

**Title:** Spilled gallstones mimicking a retroperitoneal sarcoma following laparoscopic cholecystectomy

**Authors:** Bum-Soo Kim, Sun-Hyung Joo, Hyun-Cheol Kim

Dear Editor,

We acknowledge the comments made by the reviewers and editor and have made a number of changes accordingly. We did our best to revise the manuscript according to the reviewers' and editor's comments and suggestions. We added and changes manuscripts with red color. The manuscript has been improved. A list of these changes is included. I also enclose a copy of point-by-point response to the referee comments for your convenience. All authors have contributed to the manuscript and approved the final version. This manuscript has not been submitted or accepted for publication elsewhere.

We hope that these responses will appeal to the editor and reviewers of your journal, and we are looking forward to hearing from you soon.

Kind regards,

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Reviewer A: major revision

COMMENTS	CHANGE MADE
The mass in Figure 1 should be indicated. Which is A, B and C in figure 1 and figure 2 should be added and please illustrate which is enhanced CT scan in figure 1?	Thanks for your good comments. I have revised the manuscript according to your suggestion. You can see the changed figure in the revised manuscript.
The picture of the mass you seen in operation should be supplied. The spilled gallstones after operation in mass should be shown and some pathologic picture need be added we think.	The mass was excised in several pieces and I have added a representative pathologic picture out of several pieces.
You may talk about some way to differentiate malignant tumor and abscess after LC.	As I have mentioned it in the manuscript, although the diagnosis of an abscess associated with spilled opaque gallstones can easily be made, the abscess can be misdiagnosed as a simple abscess or tumor when the gallstones are nonopaque as in our case, leading to inadequate or delayed treatment. The most important thing what the surgeons and radiologists should know is a history of laparoscopic cholecystectomy. The occurrence of spilled stones with associated abscess formation can mimic other causes, such as a simple abscess and an unusual infective process including actinomycosis or soft tissue sarcoma. Often patients with abscess formation can be afebrile and have a normal WBC as in our case which can make an inaccurate or delayed diagnosis.
The references should be edited by software such as endnote and some new references are necessary.	I have edited references by using endnote and a new reference was added in the revised manuscript.

Reviewer B: accept

COMMENTS	CHANGE MADE
Good to highlight this complication if only to draw attention to its possibility and the attended morbidity.	Thanks for your good comments.