Editorial office

World Journal of Gastrointestinal Surgery

Dear Professor Ma,

On behalf of all coauthors, I would like to express our sincere thanks for giving us the opportunity to revise our manuscript entitled ***"Precise mapping of hilar cholangiocarcinoma with a skip lesion by SpyGlass Cholangioscopy – A case report"*** for publication as an ***case report*** in the ***World Journal of Gastrointestinal Surgery***

We highly appreciate the valuable and constructive comments from the editorial office and the reviewer, and we have amended the manuscript accordingly. Herein we would like to submit the revised manuscript and the point-by-point responses to the reviewer comments.

We hope that our revised manuscript has fulfilled the request of the editor and we would like to again express our special thanks for giving us the opportunity to submit our manuscript.

We are looking forward to hearing from you soon.

Respectfully,

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Point to point response

To reviewer 1:

Q1. To begin with, cholangiocarcinoma is divided into localized and invasive types, with the localized type often having superficial extension. The localized type is often superficial and can be treated by biliary endoscopy, as in this case. On the other hand, most of the invasive types have intramural extension, and the cholangiographic image of sclerosis is more important than cholangioscopy. Hilar cholangiocarcinoma is mostly of the invasive type, and cholangioscopy is less useful. The present case was a localized type, and cholangioscopy may have been useful. Therefore, I believe that the authors should state this as a proper premise.

A1. For this suggestion, we revised our manuscript, and emphasized this statement at the discussion part.

Q2. Fig. 1B should be presented with a more enlarged bile duct.

A2. The 1B image of cholangiogram is the best quality image for presenting the lesion at CHD and whole biliary tree.

Q3. The CT image in Fig. 1C should be presented before bile duct stent placement. It is difficult to localize the tumor on the image after stent placement.

A3. For this suggestion, we did not have the CT image before the plastic stent placement. The ERCP with ERBD placement was performed right away after abdominal sonography examination, due to the septic status of patient. After jaundice and infection relieved, we started further work-up under the safe condition.

To reviewer 2:

Q1. Images of percutaneous transhepatic cholangiography and percutaneous drainage of the ducts of the left lobe of the liver are not shown by the authors. These data are indicative, because initial endoscopic drainage did not result in a reduction in jaundice.

A1. Amended

Q2. The data of the histological examination (photo) and the morphological type of the tumor are not shown (in addition to the radical nature of the operation, the aggressive biology of the tumor also determines the further prognosis of the disease. Therefore, in the Discussion section of the manuscript, I recommend adding an article by Kovalenko YA, Zharikov YO, Konchina NA, Gurmikov BN, Marinova LA, Zhao AV Perihilar cholangiocarcinoma: A different concept for radical resection Surg Oncol 2020;33:270-275 doi:10.1016/j.suronc.2020.02. patients).

A2. Amended

Q3. Expand the description of the early postoperative period.

A3. Amended

Q4. What adjuvant therapy was carried out in the future?

A4. This patient was not underwent any adjuvant therapy with tumor-free status for 4 years since diagnosed till now.