

ANSWERING REVIEWERS



August 30, 2014,

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11058-case report.doc).

Title: A rare entity: Ectopic liver tissue in the wall of the gallbladder – a case report

Author: Yusuf Arslan , Fatih Altintoprak, Kursat R Serin, Taner Kivilcim, Omer Yalkin, Orhan V Ozkan, Fehmi Celebi

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 11058

1- The manuscript has been improved according to the suggestions of reviewers:

2- The English in this document has been checked by at least two professional editors, both native speakers of English.

4- Manuscript was rearranged and highlighted in these sections.

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) This manuscript describes the ectopic liver tissue in the wall of the gallbladder. However, there are several queries as follows, 1. Are there any variations in the biliary tract or vessel anatomy in this case? 2. The location of ectopic liver tissue is important to discuss. In your case, ELT exists on the serosa of the gallbladder, on the wall of the gallbladder or in the wall of the gallbladder? Could you inform about this? 3. Could you inform the blood supply of ELT in this case? 4. Could you inform the occurrence rate of ELT from fundus, body and neck of the gallbladder, respectively? 5. Are there any differences between the HCC from ELT and from standard liver tissue?

(2) Authors reported a relatively rare case of ectopic liver tissue (ELT) in the wall of on the gallbladder. They concluded that it was difficult to make a radiological diagnosis of ELT and it should be excised because of the possibility of developing a malignancy. This paper was concise and well-written. However, I think that there are some minor issues. Please consider the following points. 1. Authors described the difficulty of detecting ELT in the radiological examinations. However, some previous reports suggest that colour doppler ultrasound or hepatobiliary Imino-diacetic acid (HIDA) scan may be useful for diagnosis of ELT. Were these examinations performed in this patient? 2. Authors had better add the figure of histological examination explaining ELT.

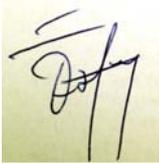
(3) I have only minor comments on this case report: (1) The authors stated “We believe that our patient’s non-specific complaints were due to choleycstopathy, and not associated with the ELT”. Why don’t they simply say that “We believe that our patient’s symptoms were due to gallstones, but not due to ELT”? (2) The references are not in a standard format, e.g. reference 1, pages 27-29; reference 2, pages 485-7; and reference 3, pages 647-648.

.....

3 References and typesetting were corrected

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

Sincerely yours,



Orhan Veli Ozkan

Associate Professor of General Surgery

Sakarya University,

Faculty of Medicine,

Department of General Surgery,

Adnan Menderes Caddesi, Saglik Sokak No:193

54100 Sakarya/ Turkey

GSM: +90 532 341 74 40

Fax: 0(264) 255 21 0

E-mail: veliorhan@hotmail.com