

Answer to Reviewer 1 (n. 70545)

Comment of the reviewer	Answer
I want to know post-operative patient symptom and other clinical information.	<p>Thank you for your appreciation and suggestion. At 28-month follow-up the child is completely asymptomatic, and this point was modified in the “Case presentation” section. Additional clinical information have been added:</p> <p>“The postoperative recovery was uneventful, and the patient was discharged in post-operative day second. At a 28-month follow-up, the child is doing well and is completely asymptomatic”</p>

Answer to Reviewer 2 (n.2941797)

Comment of the reviewer	Answer
Authors provide a detailed systematic review and an additional case for AMG. The paper is well but includes several problems.	Thank you for your appreciation and suggestion.
Clinical presentation and diagnostic assessment MRCP is very good to show the biliary tree. MRI, especially T2WI and contrast enhanced MRI, have been used for the evaluation of gallbladder diseases. So, to suggest adding a few AMG MR findings.	This point has been added add in the manuscript according to your suggestion: “In particular, T2-weighted MRI breath-hold sequences are superior to other sequences in visualizing Rokitansky-Aschoff sinuses [4, 9]. Diffuse-type AMG typically shows early mucosal enhancement and subsequent serosal enhancement. Localized adenomyomatosis exhibits homogeneous enhancement, showing smooth continuity with the surrounding gallbladder epithelium [4, 9]. Furthermore, cholangio-MRI can detect stones into the choledocus [1-2, 6].”
2. FIGURES The gallbladder is not showed goodly in Fig A. The diffuse thickening of the gallbladder, with multiple anechogenic nodular areas mainly localized in the fundus and in the body in the additional case. But only neck of gallbladder or cystic duct is showed in Fig A. To point out the lesion in figure A and B, please. If possible, to add coronal T2WI and contrast enhanced images of the lesions.	T2-weighted images were added in Figure 1.