

2 32756-Answering reviewers

**Editor in Chief,
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First of all, I would like to thank the Editorial Board of WJGIS for comments, suggestion and corrections, which have so much enriched the manuscript as a whole. In addition, say that every correction or rebuttal was depicted in red, point by point, in the Revision paper. Finally, express my delight in contributing to the journal with this comprehensive and current review on Acute Calculous Cholecystitis. By the way, **please could you include my as author too.**

Response to Reviewer Recommendations:

1. In Background section - i agree with 3-10% but disagree that 1/3rd of acute surgery patients is cholecystitis. What about appendix, abdominal pain, pancreatitis, diverticulitis, abscess etc whatever --- in real life this is not 1/3rd. So please remove that. *** It was removed; another paragraph and new reference were attached according Editorial Board suggestion.**
2. In Background the 5 x 20% is wrong as it means 100%. The risk is 5 times higher i.e. 20%. So amend it to clarify. *** Modified according.**
3. In background you have clarified ACC acronym and hence in second paragraph first line pls use the acronym. Please check this all along the manuscript and mention ACC for all subsequent usage. Also the spelling of 'cholecystitis' needs to be amended from what you have stated. *** The entire manuscript was revised based on this recommendation. Thank you very much. In fact, there were several inaccuracies.**
4. In section on Acute Cholecystitis Severity you have stated two placed FIGURE 1. You should only keep at one place and delete from other place. Also you have stated table 2. Where is table 1? I saw only one table with the antibiotic thing. Clean this up. *** I have deleted and corrected.**
5. In section on Imaging diagnosis - you have labelled CT scan as Figure 3a and 3b. Actually those are scintigraphy images and NOT CT SCAN IMAGES. So tidy this up please. *** Yes. I did.**
6. There are a numerous such formatting errors that i propose the senior author to rectify. These are intuitively wrong formatting, not using the acronyms even if there is already an acronym made etc., a lot. Clean this up and from now on i will not state such errors but focus on clinical

content only. * After the ammendements, i submitted the manuscript to a specialized mother tongue translation service with seal of guarantee.

7. In the section on assessing CBD stones - we need to cover the role of laparoscopic intraoperative ultrasound and also intraoperative cholangiogram. There is no mention of both in this section. I know that authors have stated IOC later in CBD stone management, but IOC also needs to be stated briefly in CBD stone detection paragraph. * I have insert the recommendation in the manuscript specific section.
8. In section - how to manage associated CBD stones - I encourage authors to discuss a bit more on - role of ERCP AND LCBDE being complimentary. Pubmed - Singapore Medical Journal -2012; 53(5) : 313. Its my paper. Its not to increase by citation, but i feel it is essential to emphasise that both are complimentary and have their own roles according to local resources and expertise. Please add this reference. * I have include this important comment and the reference as well.
9. In section on laparoscopic or open approach for acute cholecystitis - please include a brief on (a) minicholecystectomy (small incision open), (b) reduced port cholecystectomy, (c) single port cholecystectomy (d) robotic cholecystectomy etc. Our article is meant to be a review of current literature and has to include all this. I know that most of this stuff is done in elective setting of biliary colic, but there is some data in acute cholecystitis too and this has to be covered in our paper. Also a very brief mention on using 3D laparoscopy and ICG camera to evaluate the CBD anatomy. There are reports of ICG camera cystem to delineate anatomy and this should be covered. * The sugestions are relevant and were included in the two particular paragraphs of the manuscript. Thanks once more time, Editorial Board.
10. In the section on Timing of surgical treatment - third paragraph where TG13 philosophy of care is discussed - please also state that recently many authors have challenged the TG13 guidance on management and shown that it is safe even to perform early index admission lap chole for acute cholecystitis grade III severity and sometimes even grade 1 severity needs to be managed by percutaneous drainage due to underlying comorbidity. Here the reference that i suggest to add would be - PMID: 27804044. * Yes, i read it and agree too. It was included in the revision.
11. In the section on Antimicrobials 2 needs need to be clarified. Frst - blood cultures are not always positive and many times the treatment is guided empirically based on local antibiogram - Ref PMID: 27733320 . The second thing is about local protocols based on local data and role of antibiotic stewardship programmes etc and AGORA initiative by WSES - Ref - PMID 27429642. * Ok. The two assertions were included and are relevant. By the way, the reference requested already exists [48]. AGORA study, which i contribute in the authorship.

12. In the section on when to perform percutaneous cholecystostomy - please include the largest published series on cholecystostomy - PMID – 26580708. **Ok. It was included, thanks!!**
13. **MORE: the entire manuscript was revised according as well as its formatting.**

Once more time, thank very much to all who have contributed to the improvement of this research.

MD. PhD. TCBC. Carlos Augusto Gomes.

On behalf of all authors.