

The paper entitled “*Traumatic Neuroma of Remnant Cystic Duct Mimicking duodenal Subepithelial Tumor: Case Report*” is well written and I think that the authors propose new concepts about Traumatic Neuroma of the bile cystic duct. One of these, is that EUS imaging alone is not recommended because of low accuracy for differential diagnosis of GST or TN. Therefore, different imaging examination tools (CT/EUS) and information on patients medical history associated to laboratory exams, should be comprehensively considered. This finding is well described in the “Conclusion” section. Another new concept suggested by this manuscript is a possible follow-up for each patient underwent cholecystectomy, even in asymptomatic cases and using for example abdominal ultrasound, to detect initial TN or GST.

- According to the reviewer’s comment, the authours added the following to the A limitation of this study is that the authors do not find out a single and specific diagnostic method to detect TN and to differentiate this one from GST/GIST/Neuroendocrine tumors. But it’s necessary to underline that it’s not feasible to reach this purpose with a single case-report: a greater sample size is necessary, even if TN is a rare pathology.

- Thank for your comment. I totally agree with you
- According to the reviewer’s comment, I added “ a limitation in this case report” at discussion
- Page 10 , A limitation in this case report is our inability to find a single or specific diagnostic method to identify TN or to distinguish TN from GST. However, a single case report is insufficient to achieve this. Further studies with more patients with TN will be needed.
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The Title reflects perfectly the main subject of the manuscript.

The Abstract is a good summary of the topics treated in the manuscript.

The Key Words are adequate.

The “Introduction” section provides useful informations to the readers. However, in this section, I suggest to add some references:

- “Traumatic Bile Duct Neuroma Diagnosed by Boring Biopsy With Cholangioscopy. Toyonaga H, et al. Gastrointest Endosc 2018; 87(5):1361-1362”: this scientific article reports TN as a complication after biopsy with colangioscopy and not only after surgery.
- “Traumatic Bile Duct Neuroma Presenting With Acute Cholangitis: A Case Report and Review of Literature. Lalchandani P, et al. Ann Hepatobiliary Pancreat Surg 2019; 23(3):282-285”: this study demonstrates that in some patients traumatic bile duct neuroma may present also with acute cholangitis.
- “Extrahepatic Bile Duct Stricture and Elevated CA 19-9: Malignant or Benign? Hyman J, et al. South Med J 2003; 96(1):89-92”: in this case-report TN is reported associated to Ca 19-9 elevation although its benign nature.
- According to the reviewer’s comment, the authours has revised some introduction contents and added recommended reference.
- Page 5 : “ It can also occur in the bile ducts after open or laparoscopic cholecystectomy. Some patients with TN develop symptoms such as right upper quadrant pain and jaundice. “
- ➔ It can also occur in the bile duct after open or laparoscopic cholecystectomy, or after biopsy by cholangiography. Some patients with TN are diagnosed with acute cholangitis, with

symptoms such as right upper quadrant pain and jaundice. In addition, elevated CA 19 – 9 levels can be detected on laboratory findings, even though it is a benign lesion. However, most patients do not have clinical symptoms or signs

The “Case Presentation” section is very accurate and I think that the subdivision in various steps is very clear and of great impact.

The “Discussion” section is well done and the References are up to date.

Figures are very interesting and clear.

The style, language and grammar of the manuscript are of good quality and appropriate.