

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: This minireview titled “Gallbladder wall thickening-approach to diagnosis on imaging” focuses on utility of imaging in differentiating between gallbladder cancer, Adenomyomatosis, Chronic cholecystitis and xanthogranulomatous cholecystitis (XGC). The manuscript is a well written, comprehensive review and provides appropriate discussion on utility of imaging features in GB pathologies.

Thank you very much for your review and insightful comments. Below, we have responded point-by-point to your comments.

-Few suggestions : - Consider revising the title to more general imaging based approach to GB pathologies, rather than GB wall thickening, since you have presented an excellent overview on imaging features in GB evaluation, such as “Imaging based algorithmic approach to gallbladder pathology”-

As suggested, we have modified the title. However, we would request you to allow us to retain the wall thickening in the title, as this is the essence of the manuscript.

-Consider adding a section on acute cholecystitis versus Chronic cholecystitis/XGC

A new section has been added in the manuscript describing the differentiation of acute and chronic cholecystitis.

-Under CT section: “The indirect signs predictive of malignancy include biliary obstruction, regional lymphadenopathy... “-Please note lymphadenopathy has been described to be associated with 63% of XGC and needs to be added to the statement as a limitation due to overlap feature (Rammohan A, Xanthogranulomatous cholecystitis masquerading as gallbladder cancer: can it be diagnosed preoperatively? Gastroenterol Res Pract 2014;253645 [http://dx.doi.org/ 10.1155/2014/253645](http://dx.doi.org/10.1155/2014/253645).)

Thank you very much for your very important observation. We have added statement to stress that there can be overlap in the imaging presentation of XGC and GBC.

Under GB versus XGC: Note, while some specific imaging features have been described in literature there has reported variability and challenges in utility of these findings in routine clinical practice. Please revise and elaborate on sensitivity, specificity and diagnostic accuracy of MDCT in differentiating GBC from other GB pathologies. Study have has shown CT has moderate sensitivity, poor specificity, and moderate-to-substantial inter-rater repeatability for the differentiation of gallbladder cancer from acute and xanthogranulomatous cholecystitis (Wasnik AP et al Clinical Imaging 2018;50, 223–228.). Study have also shown no significant differences in CT findings XGC and gallbladder cancer on CT and have recommended careful intraoperative gross observation and frozen section should be used for accurate diagnosis and avoid unnecessary extended resections, a finding that emphasizes utility of intra-op frozen section in cases with suspicious imaging features for GBC (Suzuki H, et al. Xanthogranulomatous cholecystitis: difficulty in differentiating from gallbladder cancer. World J Gastroenterol 2015;21:10166–73.)

All these observations and references have been included in the appropriate section.

Suggest replacing CEUS example with any better reference image if possible - Fig 4A- Add short arrow to the figure legend.

We have replaced the existing CEUS image with a better example. We have added the short arrow to the legend of Fig. 4.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This interesting review article focused on diagnostic modality, characteristic finding of each diagnostic tool, and approach to diagnosis of GB wall thickening. I have several opinions.

Thank you very much for your review and insightful comments.

(1) I have no comment on title and abstract. Since this review emphasized on GB wall thickening, the definition of GB wall thickening is mandatory for background and introduction-

Definition of GB wall thickening with appropriate references have been added in the introduction.

(2) In the section of “CAUSES OF GB WALL THICKENING”, author should explore more reference instead just 2 relevant studies. In addition, I do not believe that the reference 3 is relevant-

Reference 3 has been removed and more appropriate references included.

(3) For figure 2, author should indicate that which is “A”, ”B”, ”C”, or ”D”-

Appropriate changes made to the figure 2.

(4) Table 1 should be modified since the item column (the left) is confusing

Table 1 modified as suggested.

(5) How about authors incorporate the role of intervention radiology in this review article?

A new section regarding role of interventional radiology has been added.

In general, this review article is informative. Authors specified each modality and then introduced how to distinguish several specific entities from gallbladder cancer. Since I am a hepatobiliary surgeon, I have to suggest that this article should also be well-reviewed by radiologist for the specific radiologic findings mentioned in this article.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: good