

The authors would humbly like to thank the respective reviewers for thoroughly reviewing our manuscript. We totally acknowledge all the justified comments by the respected reviewers and have done our utmost best to address all the suggestions made. We have noted a considerable improvement after the revisions carried out. The authors hope that this new corrected version meets the criteria for publication in the World Journal of Gastroenterology. We remain at your disposal for any further query.

Reviewer 1:

Reviewer's code: 05045817

Reviewer's Comment(s): Interesting and worth to share case.

We thank the reviewer for this appreciation of our efforts to bring forward the topic of ectopic thyroid as a potential differential diagnosis during the process of clinical practice.

Reviewer 2:
Reviewer's code: 04090502

Reviewer's Comment(s): The authors report a rare cause of ectopic thyroid gland occurring at the porta hepatis. The manuscript is too extensive and repetitive, considering the quite simple subject it addresses. Moreover, although rare, the findings reported here are not new and no additional insights are provided. Finally, the imaging and histopathological findings are absolutely nonspecific in this condition. Therefore, I do not see here enough impact to justify publication in this journal. I suggest that the authors shorten the manuscript and submit it elsewhere as a letter to the editor / clinical image.

1. *The authors report a rare cause of ectopic thyroid gland occurring at the porta hepatis. The manuscript is too extensive and repetitive, considering the quite simple subject it addresses.*

After thorough revision of the paper following your invaluable comments and suggestions, we do totally agree that a simplified and yet, concise version of the manuscript would certainly convey a clearer image of what we want to bring forward. Therefore, the authors have reviewed the manuscript in its entirety, line by line and repetitions/unnecessary contents have been removed contextually.

2. *Moreover, although rare, the findings reported here are not new and no additional insights are provided.*

The authors do acknowledge that the findings presented are indeed not new and there have been previous papers published, documenting the same topic. However, as mentioned in the paper, there were 11 retrieved of which 5 had proper radiological imaging description at the porta hepatis. While, there is no specific lead provided by the contrast (arterial phase/venous phase) to guide clinical diagnosis, this paper does to a certain extent bring an insight of yet another potential radiological finding in the already rare documented clinical entity.

It is worth mentioning that an axial CT Angiography (with pathological findings of the right hepatic artery supplying the liver lesion) was carried out in this specific case, unprecedented in other studies, to the light of our humble knowledge. This key information was omitted in Table 1. (Page 14-15) and

necessary changes have been carried out for this fact to be included. The authors believe that a CTA can considerably narrow down the differential diagnosis by showing abnormal liver circulation (Page 7/14). We advocate the concept that any artery-dominant lesion must not be readily misdiagnosed as a neoplasm simply because they are perfused dominantly by the artery. We must note that other lesions also coexist with abnormal intrahepatic circulation which presents with hyper vascularity like an ectopic thyroid.

3. *Finally, the imaging and histopathological findings are absolutely nonspecific in this condition.*

As documented in the manuscript, the tissue was resected from the liver parenchyma and sent for histopathological analysis [Page 9], which concluded presence of thyroid tissues interlinked with liver tissues, key to a final diagnosis of ectopic thyroid. Moreover, the description of the mentioned images were reviewed and additional details were added.