

Reviewer 1

1. As I mentioned above, the present case was not suitable for hepatectomy. Preoperatively, this point was discussed? The authors should describe this point in Case Presentation.

Actually, magnetic resonance cholangiopancreatography (MRCP) before the surgery showed dilatation of the intrahepatic, left and right hepatic, common hepatic, and common bile ducts, and multiple short T2 signals in the intrahepatic and common bile ducts. Abdominal computed tomography showed splenomegaly and splenic varices. However, the imaging did not show signs of liver cirrhosis and it was until the surgery, surgeons found the liver showed nodular and atrophic changes indicating cirrhosis. Besides, in China, liver transplantation was mostly for end-stage liver cirrhosis and it was not easy to get access to liver donors since the patient's general conditions were relatively good compared to patients with end-stage liver cirrhosis. So the surgeons did not discuss liver transplantation before surgery. I have added this point in the discussion part.

2. Figure 1 to 3 show similar findings, so the authors should summarize them into one or two Figures. Instead, the operation record or the operation photograph should be presented as a Figure.

I have summarized figure 1 to 3 to two figures. Unfortunately, the surgeons did not take photos during the surgery. So we did not have operation photographs.

Reviewer 2

1. Format of case report did not fit, such as the consultation contents in the article. In addition the figures were too many.

According to format of submission of case report, the multidisciplinary expert consultation part was before the final diagnosis part. So I put the multidisciplinary expert consultation part as the format of submission of case report. And I have decreased the figures to 7.

2. Hepatolithiasis combined 2nd biliary cirrhosis was frequently found and we have to pay attention and try to prevent the occurrence of hepatic failure after surgery especially in the jaundiced patient.

Definitely, I have added this sentence in the discussion part. In fact, the surgeons have tried their best to narrow the scope of resected liver. However, the patient still developed hepatic failure due to surgery and maybe combined with infection.

3. In the first paragraph of discussion, we can't understand of the relationship between post-cholecystectomy and 2nd biliary cirrhosis.

Sorry, I have changed the "illness" to hepatolithiasis. I meant the hepatolithiasis was related to her history of cholecystectomy not secondary biliary cirrhosis.

4. It is better to mention the role of intra-operative choledochoscopic lithotomy in this patient. It is very difficult to treat this patient without choledochoscope.

Yes, we have added this point in the discussion section. We used choledochoscope during left hepaticolithotomy, second biliary duct exploration and choledocholithotomy.

Reviewer 3

Please check your grammar to correct some minor mistakes.

I have checked the grammar of the whole manuscript.