

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Specific Comments to Authors: In the discussion chapter there is one statement which I disagree without more precision explanation. ("In locally advanced gallbladder cancer patients, hepatopancreatoduodenectomy (HPD) accompanied by extensive retropancreatic lymphadenopathy is indicated; however, this cannot be cleared without pancreatoduodenectomy.")

The expression here is not very clear and has been modified:
Hepatopancreatoduodenectomy is indicated in locally advanced GBC patients with extensive retropancreatic lymphadenopathy which cannot be cleared without pancreatoduodenectomy.

The abstract is well structured and summarise the work described in the manuscript, and keywords reflect the focus of the manuscript. The manuscript adequately describe the background, present status and significance of the case report, but I will have some proposals:

1. sumerise Figure 1 a,b,c, and d in one or two MSCT picture.
sumerise Figure 1 in two MSCT picture.

2. sumerise Figure 2 a and b in one picture.
sumerise Figure 2 in one picture.

3. sumerise Figure 4 a and b in one picture.
sumerise Figure 4 in one picture.

5. Figure 5 is not clear marked - proposeal to remove it.
We agree to remove Figure 5.

Reviewer #2:

Specific Comments to Authors:

In Abstract

1- Try not to cite more references
The reference has been deleted.

2- "moderate heterosexual hyperplasia" What do you mean by this? In case presentation

Moderate heterosexal hyperplasia, also known as grade II intraepithelial neoplasia, is a precancerous lesion.

3- The final diagnosis includes only the duodenal lesion, kindly provide the final diagnosis of both lesion under this subtitle

The final diagnosis has been added to the article.

4- Is there a history of smoking?

No

5-The gall bladder lesion should be mentioned in more details including gross examination (site and size of the tumor mass) and microscopic examination of such tumor.

It has been modified:

Intraoperative rapid pathology revealed adenocarcinoma without basement membrane breakthrough in the gallbladder neck duct, and tubular villous adenoma with high-grade intraepithelial neoplasia and local canceration in the duodenal papilla. a 0.5 cm protrusion in the gallbladder neck duct.

In Discussion

6- Kindly discuss the diagnostic challenge

It has been properly explained.

7- Follow up and the clinical outcome for such rare cases should be stated.

Relevant content has been added.

In Figures

8- Figure5: mention the stains and power and the picture does not show clearly the malignant features, kindly provide more clear picture

A clearer picture has been provided.