

Dear Editors,

Thank you very much for your letter and the reviewers' comments. These comments make us find the inadequacies of our article. Please convey our sincere thanks to the reviewers.

Based on the reviewers' comments, we have made several modifications on the original manuscript. For easy check, these revised parts in this version of the manuscript have been highlighted in red. And, we have carefully replied the comments from the reviewers and have made a list of responses to the comments in point-by-point fashion, which can be found below.

Thank you again for your assistance.

If you have any questions regarding this manuscript, please feel free to contact me. We are looking forward to hearing from you soon.

Best regards,

Xiangren A

Reviewer #1:

Thank you for your comments. Based on your comments, we have made the modifications on the original manuscript and have also made some explanation as below.

Comment 1: The article provides a comprehensive review of surgical techniques in the treatment of cystic echinococcosis. The quality of English should be improved and the publication of the paper requires editing by a professional editor.

Response: Thank you. Based on your comments, I have polished the manuscript in language based on the list of language retouching companies recommended by your journal.

Reviewer #2:

Thank you for your comments. Based on your comments, we have made the modifications on the original manuscript and have also made some explanation as below.

Comment 1: The text is an interesting and dedicated journey through the history of surgery for cysts produced by echinococcosis. It is well founded and provides surgical information for decision-making about the treatment of the disease. Although it does not seem like a job that contributes new concepts, updating from a temporary perspective offers a necessary perspective for the incorporation of new techniques and procedures.

Response: Thank you. Based on your comments, I have polished the manuscript in language based on the list of language retouching companies recommended by your journal.

Reviewer #3:

Thank you for your comments. Based on your comments, we have made the modifications on the original manuscript and have also made some explanation as below.

Comment 1: Needs language editing.

Response: Thank you. Based on your comments, I have polished the manuscript in language based on the list of language retouching companies recommended by your journal.

Comment 2: the keywords words hepatic and cystic are not relevant, I suggest “hepatic cyst”, and “surgical excision”.

Response: Thank you. Based on your comments, I have made changes and improvements.

Comment 3: The word “hydatid disease” is never mentioned in the abstract or the manuscript, although this is the common name that most physicians and patients know the disease by, could the authors explain why?

Response: Thank you. Based on your comments. In the latest terminology specification of hydatid disease, the name of echinococcosis has been changed to echinococcosis, namely cystic echinococcosis and alveolar echinococcosis. Therefore, I have not used hydatid disease once in the manuscript.

Comment 4: The introduction contains text repeated from the abstract, please modify.

Response: Thank you. Based on your comments, I have revised the abstract part.

Comment 5: There no mention of the single versus multiple or complicated cystic lesions incidence or the different approaches needed, pleas add.

Response: Thank you. Based on your comments, I've added that.

Comment 6: The authors state “The present article reviews the surgical treatment strategy for hepatic CE and the historical evolution of postoperative complications.”>> did you mean the historical evolution of the surgical complications or the surgical techniques. Here the aim doesn’t match that of the abstract and doesn’t make sense.

Response: Thank you. Based on your comments, this manuscript focuses on the evolution of the surgical approach, and the complications are changing with the surgical approach.

Comment 7: There is no mention of any minimal invasive techniques which are used, please explain?

Response: Thank you. Based on your comments, Whether the laparoscopic surgery and local ablation mentioned in this article can be classified as minimally invasive surgery.

Comment 8: I suggest adding the previously mentioned references. Ref: Bayrak, M., Altintas, Y. Current approaches in the surgical treatment of liver hydatid disease: single center experience. BMC Surg 19, 95 (2019). <https://doi.org/10.1186/s12893-019-0553-1>. Reference: Goja, S., Saha, S. K., Yadav, S. K., Tiwari, A., & Soin, A. S. (2018). Surgical approaches to hepatic hydatidosis ranging from partial cystectomy to liver transplantation. Annals of hepato-biliary-pancreatic surgery, 22(3), 208–215. <https://doi.org/10.14701/ahbps.2018.22.3.208> .

Response: Thank you. Based on your comments, I have added the above references.

Comment 9: The word “egg” is not appropriate to mention in hydatid .

Response: Thank you. Based on your comments, I've made a change.

Comment 10: You mention “residual cavity infection” as the main complication, however seeding and secondary infection are very common and dangerous too, please elaborate.

Response: Thank you. Based on your comments, I've made a change.

Comment 11: Alpendazole is not for complicated infection, because it is mostly secondary bacterial infection as mentioned in most of the studies which needs antibiotics. Albendazole is usually used before the operation to avoid the spreading.

Response: Thank you. Based on your comments, I've made a change.

Comment 12: There is repetition in motioning the complications in each technique although the complications of implantation, secondary infection, and spreading are universal to most surgical techniques; the writing needs modifications to avoid repetition.

Response: Thank you. Based on your comments, I've made a change.

Comment 13: If the percentage of complications differ with different techniques I suggest presenting them in a table format for clear comparison.

Response: Thank you. Based on your comments, I have added the table.

Comment 14: In the section titled “hepatectomy” please mention that this is “partial” and what parts are accessible (eg right lobe) and when is transplantation is needed eg if they are spreading to the whole liver as multiple complicated cysts?.

Response: Thank you. Based on your comments, I have added the content you requested.

Comment 15: In local ablation no mentioning of local ablating therapies as ethanol.

Response: Thank you. Based on your comments, I have added the content you requested.

Comment 16: There is no mentioning of any detailed imaging characteristics or techniques, yet it is mentioned in the conclusion, kindly add an elaborative part in the review.

Response: Thank you. Based on your comments, I have added the content you requested.

Comment 17: The conclusion is too long, please shorten.

Response: Thank you. Based on your comments, I have revised it.

Comment 18: There are no figures and tables available to present the historical changes in the surgical techniques, I suggest adding them.

Response: Thank you. Based on your comments, I have added the content you

requested.