

Answering Reviewers

Name of Journal: *World Journal of Clinical cases*

Manuscript NO: 86061

Title: *Hemocholecyst caused by accidental injury associated with radiofrequency ablation for hepatocellular carcinoma: A case report and literature review*

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Dear Editors and Reviewers:

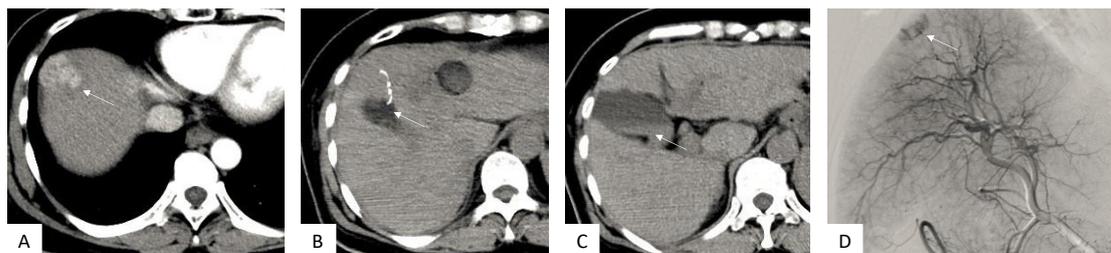
Thank you very much for your comments regarding our manuscript. We have carefully revised the manuscripts per your suggestion.

Reviewer #1: It's an interesting case as well as being rare. Viewing is good. Cholecystectomy was appropriate. I believe it will be helpful to the reader.

A: Thanks for your very kindly comments.

Reviewer #2: the Authors provide a very short report of a case of hemocholecyst caused by accidental injury during RFA that induced hematemesis and melena. The case can have some relevance from an educational perspective, but it adds little to current knowledge in the field. The Authors are therefore encouraged to better clarify the relevance of the case, which appears limited at the moment.

A: We believe that Figure 1 shows "The process of how hemocholecyst was caused."



A: New HCC lesions in the segment 8 region (arrow);

B: Radiofrequency electrode branch needle puncture into the gallbladder (arrow);

C: Gallbladder volume increases with newly emerging high-density fluid inside (arrow);

D: No bleeding was observed in the liver region, and transcatheter arterial chemoembolization was performed (arrow).

Our patient had a very fine puncture caused by a branch needle that penetrated only 2 mm into the gallbladder wall, but immediately caused a hemocholecyst and severe symptoms such as vomiting, which were relieved through conservative treatment. Therefore, when performing interventional procedures such as RFA, it is necessary to be vigilant because even minor injuries can lead to serious complications such as hemocholecysts.

Furthermore, I think that the case description requires more efforts. 'A women in her 50s' --> don't we have the exact age?

A: We have revised: "A 54-year-old female patient."

the any further information on cirrhosis? and so on.

A: Thank you for your attention. The patient had cirrhosis due to hepatitis B for 5 years, received long-term entecavir antiviral therapy, and had an HBV DNA of <10 IU/L.

Revision reviewer: Thanks for addressing some of my comments. However, I think that more information on the patient is still necessary to achieve the standards of a publication.

A: We are very sorry that the first revision did not meet the publication requirements. In the second revision, we made significant modifications to the "Case presentation" section, including adding details of the patient's medical history and clinical features. (The revised text is shown in red font.) We hope that the revised manuscript now meets publication requirements.

Sincerely.

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