

Replies to Reviewers

Dear Reviewer

Thank you for giving us valuable opportunities to submit a revised draft of the manuscript "A case report of median arcuate ligament syndrome complicated with gallbladder stones" for possible publication in *International Journal of Surgery Case Reports*. Judging from the comments and feedback, the reviewers have high professional accomplishments and a rigorous attitude toward scientific research. We appreciate the editorial team and reviewers for their time and efforts to improve the quality of our study. The manuscript was revised and supplemented one by one according to the comments, responses to the comments and concerns received from reviewers were listed below. In addition, we have confirmed that all references are relevant to the contents of the manuscript, and each reference format was revised according to your requirements for your review.

Thank you and best regards.

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Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors report a case of median-arcuate-ligament syndrome associated to gallbladder stones, as detected in an adult patient. The case is of interest, revision would be required for publishing. The microscopy diagnosis of gallbladder lesions and of liver lesions/cyst could be noted. The authors could add imaging-procedure photographs evaluating the post-surgical aspects at follow-up. Figures: indicators (arrows, similar) could be added to the photographs, the aspects of the different structures could be described in detail. Examples of words/phrases to revise "It can cause symptoms /" can be reformulated "ligament release was performed" can be reformulated "ligament release procedure was performed" similar "can be easily confused with other abdominal diseases" can be reformulated "can be misdiagnosed with /" / to avoid missed diagnosis" can be reformulated "to avoid misdiagnosis" similar "universal diagnostic criteria for MALS" can be reformulated "must be patient-centered" can be reformulated "must be patient-centered and individualized" similar "fewer complications" can be reformulated "fewer complications than /" similar "is due" can be reformulated "about 10% /" can be reformulated to more scientific "approximatively" similar "it is easy to compress" can be reformulated "came to the hospital for 20 days" can be reformulated, the duration of epigastric pain was 20 days? "Before operation" can be reformulated "Before the surgical procedure"? Which was the clinical/pre-operative diagnosis? "Giving / treatment, /" can

be reformulated, the authors could precise which treatment/drugs the patient took? "the origin of the celiac trunk was high" can be reformulated "symptoms remained unimproved" can be reformulated "symptoms persisted" similar "she was discharged" can be reformulated to more polite "the patient was discharged" similar The entire manuscript should be revised in detail.

Response#1:

1. Thank you very much for your guidance, we have modified according to your requirement and revised it in the re-submitted manuscript.

The microscopy diagnosis of gallbladder lesions and of liver lesions/cyst could be noted.

Postoperative pathological results showed chronic cholecystitis and liver cyst. (In page 2 line 16). lesser sac (In page 6 line 17).

The authors could add imaging-procedure photographs evaluating the post-surgical aspects at follow-up.

Since the patient did not undergo CT and MRI during the follow-up period, and only had an abdominal ultrasound, no relevant imaging data were retained. However, during the follow-up period, the patient did not complain of abdominal pain, and no abnormalities were seen in any of the Laboratory examinations.

Figures: indicators (arrows, similar) could be added to the photographs, the aspects of the different structures could be described in detail.

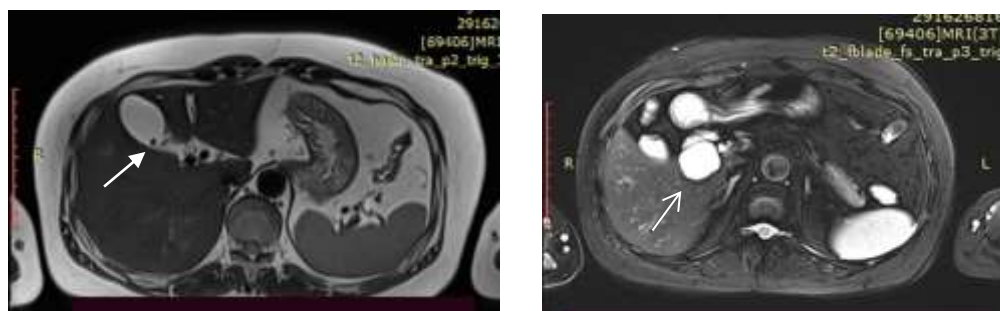


Figure 1 Upper abdominal magnetic resonance imaging showing gallbladder stones and multiple liver cysts. A: Gallbladder stones and cholestasis. Arrow indicates gallbladder stones; B: Arrow indicates caudate lobe cyst of liver about 3 cm × 3 cm in size.

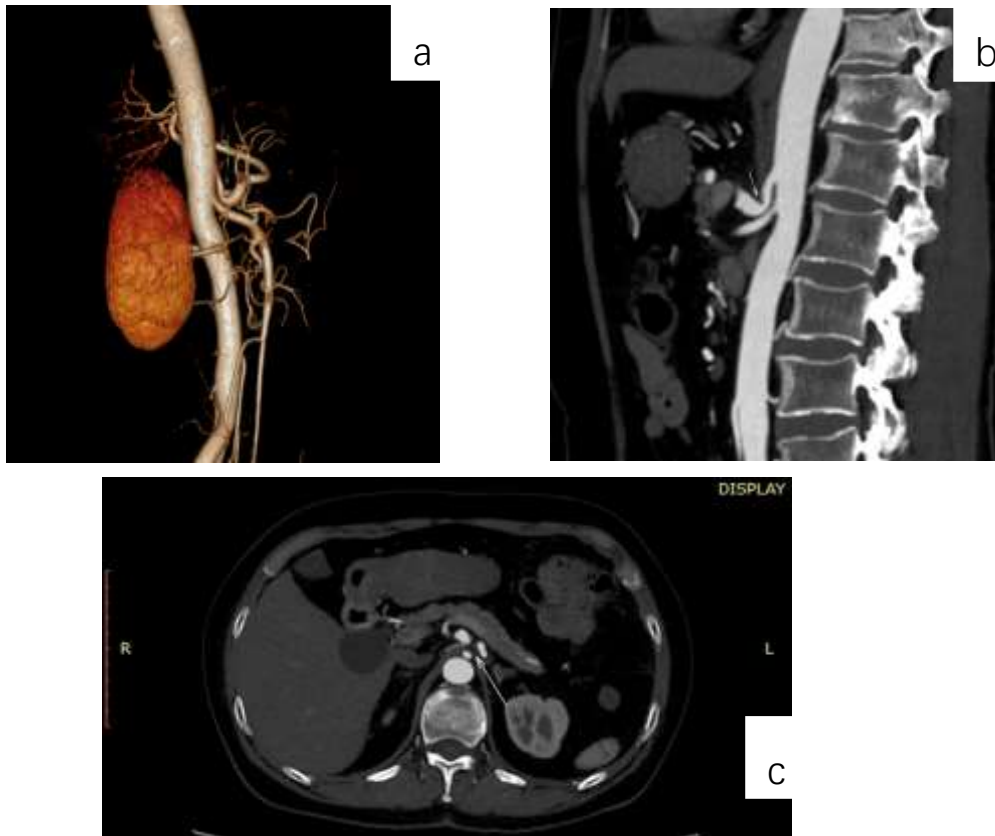


Figure 2 Imaging examination of median arcuate ligament syndrome. A, B: computed tomography (CT) angiography coronal images showed a V-shaped stenosis at the beginning of the celiac trunk (the arrow indicates) and distal expansion; C: CT showed compression at the beginning of the celiac trunk (indicated by arrow).

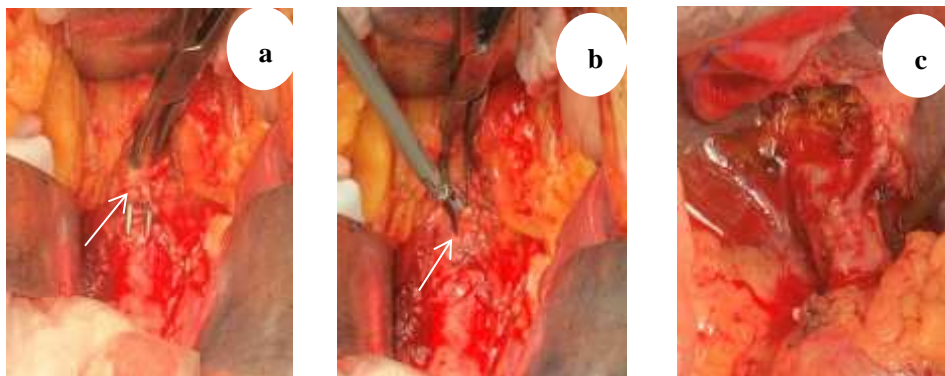


Figure 3 Intraoperative imaging of median arcuate ligament release surgery.

A: Freeing the arcuate ligament (indicated by arrow); B: Ultrasonic knife cut the arcuate ligament (indicated by arrow); C: Ligament release + end of celiac trunk peripheral ganglion resection.

Examples of words...

We are extremely grateful for your kind and important comment and reminding. Regarding the language modification of the article, MedE Editing Service has been invited to make the modification and provide a proof of modification (see the uploaded text section for details).