

Thanks for reviewing our manuscript.

We corrected and added according to your comments.

Reviewer #1:

1. Indicate the full diagnosis: cirrhosis of ... etiology, complications ..., HCC in ...

We changed the full diagnosis as following

: HCC presenting as organized liver abscess → HCC presenting as organized liver abscess in patient with cirrhosis of unknown etiology

2. From case it is not clear whether it is an area of HCC in a liver abscess or an abscess in HCC.

To clarify this, we added the sentence like following.

: This indicates that the abscess developed in HCC

3. What is the nature of the abscess? What fungi were found? What antifungal drugs are prescribed?

- Liver abscess was caused by bacteria. So the symptom improved and the size decreased after administration of antibiotics.

- To clarify the fungus and antifungal agent, we changed like following.

fungus → *Candida glabrata*

antifungal agent → antifungal agent (micafungin)

4. Is urinary tract damage associated with liver damage or is it a separate condition?

We think that liver abscess is associated with systemic infection caused by urinary tract infection. So, we added that in the discussion

5. Please, clearly show the size of the abscess and HCC on the CT image

We showed the size and change in figure 1 (3.9cm → 3.3cm → 3.6cm → 6cm). And to show the size clearly, we added mark on the CT images.

6. classification of HCC according to the Barcelona system should be carried out.

We added the BCLC stage in outcome and follow-up.

Reviewer #2:

1. The article has some problems in terms of innovation. We can retrieve not a small number of cases of liver abscess and hepatocellular carcinoma. Some of them focus on diagnosis, some focus on treatment, and even several cases are reported at the same time. Cases of hepatocellular carcinoma camouflaged by liver abscess have also been reported. So this article may consider digging out some unique insights or nuances to improve innovation.

- In this case, the most noteworthy aspect is the presence of calcification within the mass. This has led to the use of the term "organized liver abscess." When calcification is found within a mass, it is often assumed to be a benign tumor. And this unfortunately delayed the diagnosis in this patient. It's difficult to find cases where calcification is present within a mass. I believe that this is a point that should be highlighted in this case. According to the reviewer's suggestion, we will further emphasize these aspects in the discussion part.

2. The relevant CT images are shown in this article, and it is recommended that the focus be marked to show its change process more clearly.

We added mark to show the change more clearly.

3. The tissue staining picture in this article lacks a ruler and is suggested to be added. Generally speaking, it is suggested that it should be revised before published.

We added a ruler in tissue staining picture.