

Response letter

Dear editor,

We are resubmitting the Manuscript ID 88926 entitled " **Giant bile duct dilatation in newborn: A case report**" to " World Journal of Clinical Cases". Our responses to the comments by the reviewers are outlined below.

Reviewer #1: Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision Specific

Comments to Authors: A good case for reporting as it is about young neonate, prenatal diagnosis, acute presentation, low weight, challenge to manage, difficult approach laparoscopic versus open. Even though the case is important, the manuscript needs to be rewritten with better grammar, concise description of the operative part, sequencing of information needs to be changed in the body, the histopathology is mentioned before the operative /treatment part. The CBD is mentioned as a common and rare entity in the same paragraph. Conclusions about this being the largest cyst needs clarification that at 28days it is largest as even larger cyst has been reported earlier(16cm in 4 months baby). A mention about the delay in surgery and implications on the liver fibrosis needs appropriate mention. T-Tube cholangiogram is mentioned as angiogram, ligament of Treitz as Trevelis, al needs to be changed. This paper brings out the difficulty which a surgeon encounters while operating in an acute setting with a large CBD with previous cholangitis, which makes laparoscopic approach dangerous so a suggestion that open approach might be safer in these subset of patients.

| #Even though the case is important, the manuscript needs to be rewritten with better grammar, concise description of the operative part, sequencing of information needs to be changed in the body, the histopathology is mentioned

before the operative /treatment part.

Response:*Dear reviewer, thank you for your valuable suggestions. We have revised all the questions you raised. The article has been professionally polished and presented with a polishing certificate, and the description of the surgical part has been simplified. Meanwhile, we have put the histopathology description after the surgical treatment part.*

#The CBD is mentioned as a common and rare entity in the same paragraph.

Response:*CBD with conventional size is a common lesion in newborns with congenital digestive tract malformations. However, the patient reported in this paper is only 11 days old, and huge CBD with a length of more than 11cm is a rare phenomenon in his age. We have corrected the inconsistencies in the original text.*

#Conclusions about this being the largest cyst needs clarification that at 28days it is largest as even larger cyst has been reported earlier(16cm in 4 months baby)

Response:*We have modified the word "largest" in the original text and changed the description of the relevant sentence to include the age of the child in this case as 11 days as a restriction. A mention about the delay in surgery and implications on the liver fibrosis needs appropriate mention.*

#A mention about the delay in surgery and implications on the liver fibrosis needs appropriate mention.

Response:*The question you mentioned is very important for this article, thanks again! The relevant content has been supplemented in the original text.*

#T-Tube cholangiogram is mentioned as angiogram, ligament of Treitz as Trevelis, al needs to be changed.

Response:*Terminology errors in the original text have been corrected*