

Questions from reviewer:

1. It would be nice to have a CT before laparoscopic cholecystectomy.
2. If it was diagnosed as GB ca before surgery, shouldn't it have been performed with extended cholecystectomy? Then the authors would have done liver WR and wouldn't have to worry about GB Perforation.

Answering Reviewers:

1. Unfortunately, the abdominal CT before laparoscopic cholecystectomy was performing in different hospital and the images were not obtainable.
2. There was concern about GB cancer before the surgery and the medical team had explained to the patient. The patient decided to receive the laparoscopic cholecystectomy only first.

We have modified the content of the case report according to the reviewer's comments. We list below and also modified in re-submission.

This case involved a 78-year-old man who was diagnosed with gallbladder adenocarcinoma in 2022. The patient had a history of gallbladder stones for more than ten years and experienced postprandial abdominal pain for one month before seeking medical assistance at another hospital. Abdominal computed tomography (CT) was performed. The original abdominal CT images were not obtainable. The patient was told that he had gallbladder stones and a gallbladder tumor with 1.8 cm in diameter. The patient then went to another hospital for surgical advice. Physical examination and imaging studies were also conducted to assess his condition. Laboratory findings, including alpha-fetoprotein (AFP), liver function, the tumor marker carcinoembryonic antigen (CEA), CA125 and CA199, were unremarkable. The creatinine concentration was slightly elevated at 1.3 mg/dL (normal <1.2 mg/dL). Abdominal echo revealed multiple gallbladder stones and a polypoid lesion 1.8 cm in length located at the gallbladder fundus. The extrahepatic bile duct was normal. Laparoscopic cholecystectomy was suggested, but the risk of malignancy and possible further surgery were considered. The patient understood the risk and decided to undergo laparoscopic cholecystectomy only first. The surgery was performed in July 2022. Pathology of the gallbladder revealed the presence of a biliary type, moderately differentiated adenocarcinoma invading the perimuscular connective tissues on the peritoneal side. The pathological stage was pT2aN1MX. Extended resection was suggested, but the patient refused.