

16 Jun, 2022

Dear Editor

Thank you for giving us the opportunity to improve and resubmit our manuscript
MS # 76887

Please find enclosed the revised manuscript for further consideration. The manuscript has been revised according to the comments raised by the reviewer to the best of our ability. Please find a detailed reply to the reviewer comments attached to this revision. We would like to thank the reviewers for the constructive and competent criticism, and we hope that our manuscript will be acceptable for publication in your journal.

I look forward to hearing from you.

Best regards,

Reviewer 1:

Dear authors, Thank you for this rare case report. It is well written. However , I have few questions.

Thank you for your comments.

How rare is the presentation of cholecystitis post thoracic duct embolization?

We have clarified accordingly in the first paragraph of discussion. We hope our revisions make reviewer satisfied.

Why intranodal lymphogram was done 3 days after presentation? Why not sooner?

Thank you very much for reviewer's comment. We have clarified accordingly this decision in case presentation. We hope our revisions make it more precise.

What is the morbidity and mortality rate of thoracic duct embolization?

We are very grateful for reviewer's comment. We have added this information accordingly as requested.

Reviewer 2:

The authors reported the rare complication of thoracic duct embolization. It seems to be one of the complications to be careful and deserves to be published.

Thank you for your comments.

However, some problems are needed to discuss. Comments are as follows:

Major comments;

1. Even if thoracic duct embolization has become the first-line treatment, did the authors not perform conservative treatment such as fasting and follow-up?

Furthermore, looking at Figure 1, the leakage seems to be a small amount, however, was it enough to compress the right lung? If the volume of leakage is small amount, we would first want to follow up conservatively, however, please explain why authors select embolization from the beginning.

We are truly thankful for reviewer's comment. We have revised and clarified accordingly all confusions in the case description. We hope our revisions make text more precise and appropriate.

2. Please explain why authors did not perform surgery on the initial CT findings? It would have been a good timing for a cholecystectomy.

We are thankful for reviewer's comment. We have clarified this information in the case presentation. We hope our revisions make reviewer satisfied.

3. I am so sorry that I cannot image how to approach the thoracic duct. If you would like to illustrate, it would be easier for the reader to understand how the needle was penetrated into the gallbladder. By illustrating the diagram, we can consider how we can avoid accidental puncture in the future.

We are thankful for reviewer's comment. We have clarified this procedure in the case presentation. We hope our revisions make reviewer satisfied.

4. I am wondering if this case can be diagnosed as cholecystitis. I think the correct diagnosis would be biliary peritonitis due to gallbladder perforation by needle penetration, but what do authors think?

We are thankful for reviewer's comment. We have revised accordingly this information in the case presentation as requested. We hope that our revisions make reviewer satisfactory.

Minor comments; 1. In Page 3 and line 19, please do not abbreviate "mo". Does it mean "month"? 2. In Page 7 and line 2, please put a space between "intervention." and "The".

All done as instructed.

Reviewer 3:

The case reports an uncommon complication of thoracic duct embolization where cholecystitis is diagnosed and managed appropriately. Chylothorax and underlying lymphatic anatomy is described well in this case report and pictures are labeled

well. The serial imaging findings in evaluating the abdominal pain is a good clinical course presentation and an excellent way to gain reader interest. The final diagnosis of cholecystitis and treatment after noticing the dye induced spot on gall bladder wall and following surgical images give a well rounded descriptive discussion. Writing and presentation of manuscript are very good. This case report highlights possible differential diagnosis when post operatively patients have new complaints of abdominal pain following thoracic duct embolization. Conclusion and discussion are appropriately written by authors. Unique features of manuscript include how pancreatitis is considered as differential immediately which is a very real scenario universally in the inpatient setting. Since this is a novel treatment strategy being employed globally, this case report educates on patient safety which is critical in today's medical practice involving advance interventional procedures. Also few practice settings are designed where the person performing the procedure and the person evaluating afterwards are different people making these reports necessary. Very few changes required prior to publishing. Some limitations of this case report include mainly case presentation which is too brief at certain places.

Thank you for reviewer's comment.

Adding some more laboratory details and further findings will be helpful.

We have added accordingly some information as requested in case description. We hope our revisions make reviewers satisfied.

Also we can consider to mention more information about possible complications based on anatomical variants of thoracic duct structure, etiology of chylothorax, delayed complications etc.

We have added accordingly some information as requested in discussion. We hope our revisions make reviewers satisfied.

Some specific comments are added to the manuscript - file attached below

We have revised all concerns in attached file as requested.

Would suggest to authors to consider changing title to something less descriptive and a condensed version. This is a suggestion only, please use alternative if you wish: "Uncommon case of iatrogenic cholecystitis following thoracic duct embolization"

We are thankful for reviewer's suggestion. We have changed title and subtitle accordingly as suggested.