

Dear Editor:

We greatly appreciate your and your reviewers' constructive comments on our manuscript (Retrospective Study, ID: 86076) "Clinical study of extrahepatic biliary adenoma".

According to the comments, we made careful revisions to the manuscript, changing the submission type and title, modifying the Figures and Table, adding appropriate explanations and statements in the Result and Discussion sections, and correcting some grammatical and punctuation errors.

Please find our point-by-point responses below. The Reviewers' comments are in black font and our responses are in blue text along with a clear indication of the locations in the revised paper. With these alterations, we hope that you will now find our manuscript meeting your approval for publishing on World Journal of Clinical Cases.

Yours sincerely,

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Response to reviewers:

Reviewer 1: 1. Title with “A case report”, actually there are nine cases. 2. The title name “Extrahepatic biliary adenoma...easily misdiagnosed benign biliary lesion—A case report”. Extrahepatic biliary adenoma is belonging to one of the benign biliary lesions and not a misdiagnosis. How about to change the title into “Clinical study of extrahepatic biliary adenoma” or others 3. Was there biliary adenoma combined with ductal stone in your series? Authors need to give the data. 4. In the section of "Therapy and pathological characteristics" The location of adenomas was in the common bile duct (6/9, 66.7%) and common hepatic duct (3/9, 33.3%). One (11.1 %) case involved multiple ducts in continuity. The calculation was wrong. Because the double lesions were existed for example the Figure 3. 5. Please add arrow signs for demonstrating the tumor lesion in the figure 1, 2. And 3. 6. Please described more about size of tumor mass and an arrow sign to show where the mass is? 7. Choose one figure was enough among the 6 figures in the Figure 5. 8. The demonstration of cases series in the Table 1, please change X-axis and Y-axis in order to let the reader to read and edition easily.

Response: Thank you very much for your comments. **1,2.** We have changed the title into “Clinical study of extrahepatic biliary adenoma” as your advice.

3. We reviewed the 9 cases and no ductal stone was found in any of the biliary adenoma cases.

4. Yes, you are right. We have corrected the statements to “The location of adenomas was in the common bile duct (6/9, 66.7%) and common hepatic duct (2/9, 22.2%). One case (1/9, 11.1 %) involved multiple ducts in continuity” in Page 5, Line 138 of the revised manuscript.

5. We have added arrow signs for demonstrating the tumor lesion in the figure 1, 2 and 3.

6. According to your comments, we have added the content of tumor size in Table 1. The arrow symbols have been added in Figure 1-3 to show the location of the mass.

7. According to your suggestion, we kept an image with HE staining.
8. We have swapped the X-axis and Y-axis of Table 1 to let the reader to understand easily. Please see the revised Table 1.

Reviewer 2: This is a paper on extrahepatic biliary adenoma. Extrahepatic biliary adenoma is a very rare condition and this paper includes 9 cases. This paper seems worth publishing, but some points must be precise. **In Patients and Methods, ‘in the past 6 years’ should be concretely described such as from ... to ... Table 1 should preferably include the size and number of tumors. Please add the cause of obstruction of Case 3. Other modalities such as EUS or PET-CT seem very useful, so please add the findings if there are some cases. There is no explanation of Figure 5 in the manuscript.**

Response: Thank you very much for your valuable suggestions. We have made modifications according to your requirements. “In the past 6 years” has been concretely described as “from 2016 to 2022” in Page 3, Line 81 of the revised manuscript.

The content of the size and number of tumors has been added to revised Table 1 following your comments.

In case 3, the obstruction was caused by hilar bile duct obstruction. This has been added in Page 5, Line 145 of the revised manuscript.

None of our 9 cases received EUS or PET-CT. We will consider these tests in similar cases in the future.

In the Therapy and pathological characteristics part, Figure 5 has been presented and illustrated in Page 5, Line 133 as “Histological examination (hematoxylin-eosin staining) of surgical specimens revealed adenomas (Figure 5).”

Reviewer 3: I congratulate the authors for Extrahepatic biliary adenoma is a rare and easily misdiagnosed benign biliary lesion name's article. Best regards.

Response: Thank you very much for your comments.