Dear editor,

Thank you very much for your letter dated October 12, 2018, and the review reports. Based on your comment and request, we have made extensive modification on the original manuscript. Here, we attached revised manuscript. A document answering every question from the referees was also summarized and enclosed.

A revised manuscript with the modifications red marked was attached as the supplemental material and for easy check/editing purpose.

If you have any questions, please contact us without hesitate.

Reviewer 1(code**:** 03724099)

Comment 1: Consider changing 'commonly known by its acronym, ERCP' to just (ERCP). will change huge submucosal mass to 'filling defect'

Response: Endoscopic Retrograde Cholangiopancreatography has been changed as it's acronym in the manuscript. However, the description of 'huge submucosal mass ' was used in the finding of endoscopy in the manuscript, 'filling defect' maybe not appropriate.

Comments 2: The authors should mention from literature review how many patient's symptoms improve after management of choledochocele.

Response: The Table summarized recent case report study of choledochocele including clinical presentation, treatment, malignancy and symptom relief has been added into the paper.

Reviewer 2(code**:** 03714465)

Comment: This is the case report of choledochocele (typeIII choledochal cyst). A detail literature review is a strong point of this case report. The limitation is that this case is not that rare. Overall, this case report will give us a good picture of this disease entity.

Response: Thanks for your advice.

Reviewer 3(code**:** 00050849)

Comment 1 Figure 2 Please replace the word "ERCP" with the word "Duodenoscopy"

showing a huge submucosal mass etc.

Response: This has been revised in the manuscript.

Comment 2 At the section Case report. How the authors can explain that the patient was admitted at the Gastroenterology dept SEVERAL times and she was never investigated before with a gastroscopy besides her symptoms? Why the authors conclude at the section "experience and lessons" that a choledochocele could be misdiagnosed as an ulcer and not for another disease? I suggest that they will alter their conclusion, it is not convincing.

Response: This patient was diagnosed and treated just in the gastroenterology outpatient clinic several times before her last hospitalization in our department. During that time, gastroscopy was performed twice and only found chronic nonatrophic gastritis. Treated with omeprazole and itopride, however her abdominal pain was repeated. Until her last hospitalization when CT scan was performed, we realized it could be choledochocele and then endoscopy was performed to confirm it. So in the "experience and lessons" part, the experience and lesson that choledochocele could be misdiagnosed as an ulcer was just from this case. Case report of choledochocele by Groebli also misdiagnosed with gastritis (Groebli Y, Meyer J, Tschantz P. Choledochocele demonstrated by computed tomographic cholangiography: report of a case. *Surg Today* 2000; **30**(3): 272-276).

Comment 3: I suggest that the authors will add the findings and follow up of choledochocele using EUS and include the respective ref. The alternative of endoscopic treatment with unroofing/drainage should be mentioned and ref to be presented.

Response: The using of EUS in choledochocele is added. The endoscopic treatment with unroofing/drainage have already been mentioned in the manuscript as "endoscopic sphincterotomy treatment".

Comment 4: I suggest that the authors will specify that choledochoceles are further classified as type A (intraluminal with common opening for the common bile duct and pancreatic duct), type B (intraluminal with separate openings for the common bile duct and pancreatic duct), and type C (completely intramural).

Response: The specification of the classification of choledochoceles was added in the manuscript.

Comment 5: Besides ref 16 that the authors report I suggest that the article about choledochoceles and malignancy by Horaguchi J, Fujita N, Kobayashi G, et al. Clinical study of choledochocele: Is it a risk factor for biliary malignancies? J Gastroenterol. 2005;40 (4):396–401 should be included and discussed because of the different incidence of malignancy.

Response: The article you mentioned above has been discussed in the manuscript.

Comment 6: Outcomes/follow up depending on the treatment choice should be discussed. The authors could add a table with previous published reports/articles and make a summary of different techniques used, follow up, outcomes, clinical presentation, risk of malignancy etc.

Response: The Table summarized recent case report study of choledochocele including clinical presentation, treatment, malignancy and symptom relief has been added into the paper.

I hope this will make it more acceptable for publication.

Yours sincerely,

Jie Yang