

Re: "Recovery from a biliary stricture caused by a ligature injury of the common bile duct during laparoscopic cholecystectomy: a case report (NO.: 56014)"

Dear editor,

Thank you for your letter regarding the above manuscript and the reviewer's comments. We have read the reviewer's constructive comments carefully. Following the extremely valuable advices, we have made some changes, which we hope will get reviewer's approval. Here we enclose a revised manuscript. Below is the point-by-point response of our revisions. Our responses are in blue and revised texts in the manuscript are red. I hope our improved revision will now meet the standard for publication.

Please let me know if you have any more questions or concerns.

Sincerely yours,

Yewei Zhang

Peer-review report

Specific Comments to Authors: Well first I would like to congratulate for writing the unique case report. I am glad that I got the opportunity to review it. Also your surgical team deserves a big salute that you were able to manage a patient from devastating outcomes by keen early observation and immediate definite planning. Well I have gone through the manuscript and have few queries/ suggestions. - Details of ultrasonography and liver enzymes (esp. ALP) is must to be mentioned in preoperative period.

Answer: Thank you for your suggestion and we have mentioned them in the preoperative period.

ALP along with GGT will be better for understanding about the preoperative & postoperative issues.

Answer: Thank you for your valuable proposal and we have added ALP in the manuscript.

- Is MRI routinely done in every gall stone disease, planned for laparoscopic holecystectomy? What I believe is that its case by case basis, so why MRI was done; needs explanation.

Answer: No, not all the patients who are planned for laparoscopic holecystectomy are

performed an MRI. Only the patients who have abnormal liver function are needed. Thank you for your carefulness.

Though you had achieved the flow in CBD, but would you please explain what made you choose laparoscopic re-exploration over trial of ERCP? –

Answer: In China, there is a tense relationship between doctors and patients. If we had done an ERCP, we also need a re-exploration (laparoscopic or not). Of course, an ERCP is not cheap, especially biliary stents needed.

As we all know, the effect of occlusion even for short period, might have detrimental effects on long term. Still patient is asymptomatic for 10 months, we need to evaluate for long term because there are instances that biliary stricture might present after years. So I will be glad if I hear from you about being asymptomatic even after 5 or 10 years.

Answer: Thank you for your care and we also think the case is an interesting case. We are glad to keep in touch with you.

5 Issues raised: (1) The title is too long, and it should be no more than 12 words;

Answer: Thank you for your advice and we have reedited the title following your demands.

(2) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Answer: We are sorry for the neglect and we have uploaded funding agency.

(3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

Answer: Thank you for your suggestion and we have added the PMID numbers.