

Dear editors,

Thank you for receiving our manuscript " Misidentification of hepatic tuberculosis as cholangiocarcinoma: a case report ", which ID number is 68583. Thank you once more for your help on improving our manuscript. In the following are our point-by-point responses to the comments.

(1)Reviewer #1:

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

1.Manuscript can be shortened and made more focused. In introduction, remove March 24, 2021 was the 26th World TB Day, and the theme of this WHO day was "the Clock is Ticking". With the prevention and treatment of TB and the promotion of BCG vaccinations for newborns, the number of tuberculosis infections has continuously decreased. The 2020 Global Tuberculosis Report of the World Health Organization [1] shows that China is one of the 30 countries with a high burden of tuberculosis, and China had the 3rd highest number of new tuberculosis cases in 2019. Mycobacterium tuberculosis (TB) infections predominantly affect the lungs, but extrapulmonary manifestations are not unusual.

Reply: To make the article more concise, we have removed some of the redundant text from the introduction.

2.In introduction please mention the forms of Hepatic TB. This can be taken from one of these two papers: Hickey AJ, Gounder L, Moosa MY, Drain PK. A systematic review of hepatic tuberculosis with considerations in human immunodeficiency virus co-infection. BMC Infect Dis. 2015 May 6;15:209. doi: 10.1186/s12879-015-0944-6. PMID: 25943103; PMCID: PMC4425874. and Amarapurkar DN, Patel ND, Amarapurkar AD. Hepatobiliary tuberculosis in western India. Indian J Pathol Microbiol. 2008 Apr-Jun;51(2):175-81. doi: 10.4103/0377-4929.41644. PMID: 18603675.

Reply: We have added the form of hepatic tuberculosis according to the reference "A systematic review of hepatic tuberculosis with considerations in human immunodeficiency virus co-infection", and the case we report could be classified as local hepatic TB.

3. Were alphafetoprotein and CA199 levels done

Reply: Yes, the patient's AFP, CEA and CA199 were all done and the patient's tumor marker results were all within the normal range, which are also added in Table 1.

4. What was basis of TB diagnosis: Granuloma were reported. Was ZN stain or PCR testing done

Reply: The diagnosis of hepatic tuberculosis in this patient was based on the pathology of granulomatous nodules and coagulative necrosis as well as granulomatous inflammation of the lymph nodes of the duodenal ligament. The patient had an antacid stain and according to the pathologist's reply, the patient needed to be considered for tuberculosis from a pathological point of view, although the antacid stain was negative. The patient's condition after surgery was not very optimistic, and other PCR tests were not perfected, which is what we regret.

5. Recently role of PCR based diagnosis is emerging and this should be mentioned in discussion especially Xpert See: Agarwala R, Dhoooria S, Khaire NS, Mishra S, Verma S, Shah J, Mandavdhare HS, Kumari S, Dutta U, Sharma V. Xpert MTB/RIF for diagnosis of tubercular liver abscess. A case series. *Infez Med.* 2020 Sep 1;28(3):420-424. PMID: 32920579.

Reply: In the discussion section, we briefly describe the diagnostic methods for hepatic tuberculosis, such as Ziehl-Neelsen staining, PCR, next-generation sequencing (NGS) and The Xpert Mtb/Rif test.

(2)Science editor:Issues raised: Comments as follows:

(1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Reply: Our original images are in the PPT and all graphs or arrows or text portions can be reprocessed.

(2) Uniform presentation should be used for figures showing the same or similar contents (using lettered panels); for example: "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...";

Reply: We have checked and partially corrected the figures in the text to ensure a uniform presentation of figures with the same or similar content.

(3) PMID numbers should be placed before DOI numbers in the reference list. Please revise throughout;

Reply: We have reworked the reference format using endnote software to further meet the journal's requirements.

(4) To obey the publication ethics and improve the protection of all patients' rights to privacy, the authors should provide the informed consent form on which the patient's name, address, birthday, address, ward, bed number, hospital number and other private information are obfuscated.

Reply: We used image software to blur the relevant information of the patients, and the informed consent will be re-uploaded. The informed consent submitted this time shall prevail.