

Dear Editor:

First of all, I would like to thank the editorial board for giving me this opportunity to resubmit my manuscript, and I also thank the reviewers for their constructive comments. I will provide point-by-point responses to each of the issues.

Reviewer #1:

Specific Comments to Authors: The ectopic bronchogenic cyst is a rare finding clinical and could pose diagnostic challenge. The authors report a case of an ectopic bronchogenic cyst in the liver that was misdiagnosed as gallbladder diverticulum. The manuscript is well-written. The images are of high quality.

Answer #1: Many thanks to the reviewers for their comments, and I will make further revisions to the details in the manuscript to do my best.

Reviewer #2:

Specific Comments to Authors: 1. The current title should be changed to: Ectopic bronchogenic cyst of liver misdiagnosed as gallbladder diverticulum: A case report 2. In figure 1 labeling text, blue arrow must be changed to yellow arrow according to present color of arrow in figure. 3. Apart from these two very minor changes, this article reports a rare case and from my point of view is scientifically worthy of being accepted for publication after a minor revision.

Answer #2:

Many thanks to the reviewers for their persuasive suggestions. I have resubmitted a manuscript titled " **Ectopic bronchogenic cyst of liver misdiagnosed as gallbladder diverticulum: A case report** " as requested. Secondly, I fixed the inadequacies in the figures annotation.

Science editor:

The manuscript reports an extremely rare case of ectopic bronchial cyst of the liver. The manuscript is well, concisely and coherently organized and presented and the style. Nevertheless, there are a number points that may deserve some revisions. 1. The discussion is too simple. The pathogenesis of ectopic bronchial cyst and relevant treatment methods should be supplemented. 2. The choice of the references is outdated.

Answer to Science editor :

Many thanks to the scientific editor for the very valuable suggestions that made my manuscript more complete.

First, I further improved the pathogenesis of ectopic bronchial cyst. There is no clear pathogenesis of bronchogenic cysts so far, but I have tried my best to sort out the most mainstream hypotheses to improve the pathophysiological mechanism of ectopic bronchogenic cyst. **"It has been proposed to originate in the embryonic foregut, which develops from the primordial malformed trachea and bronchial tree in the early embryo; bacteria shed from this structure migrate to the caudal side of the foregut, which forms the abdominal organ or retroperitoneal bronchus cyst."** was added by me. In addition, I add this sentence **"In terms of treatment, as ectopic bronchogenic cysts can be ectopic to different organs, the speed at which they develop and their biological behaviors vary. Thus, immunohistochemistry is useful when bronchial cysts cannot be differentially diagnosed based on histology and microscopic examination alone, and excision by using laparoscopy or robotic surgery and histopathology remain the first choices for treatment and definitive diagnosis."** The disease is difficult to differentially diagnose, and the diagnosis is often confirmed by pathology. After referring to many related reports, Conservative treatment may have the risk of malignant transformation of the disease. Although the existing treatment methods are slightly single, when ectopic bronchogenic cysts are considered early or difficult to differentiate from complex cysts, only surgical resection followed by pathological diagnosis can better diagnose the disease. So that I would prefer to use laparoscopic or robotic surgery for surgical resection. For many of these reasons, this treatment modality is probably the most beneficial to the patient and is also the most recommended.

Secondly, I removed the obsolete literature as suggested by the Science editor and added two newer and more valuable ones.

Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

Answer to Company editor-in-chief:

I have made detailed revisions to the text and figures of the manuscript in accordance with the requirements of the editor-in-chief to better meet the requirements of the journal.

Thank the reviewers, science editor and company editor-in-chief for their kind comment over again! Everyone worked hard! Have a nice day!

Best regards,

Cheng-Ji Dong