

RESPONSE TO THE REVIEWERS

Manuscript NO: 59751

Title: Ectopic Liver Tissue (Choristoma) on the Gallbladder: Comprehensive Literature Review

Reviewer's Comments (00053659)

Conclusion: Major revision

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Akbulut et al. reported two cases who developed ectopic liver tissue on the gallbladder wall. It is interesting if the histological architecture is investigated in detail. Tissue architecture should present with CD34, CK19, and CK18, including AFP. It is also difficult to detect before surgical intervention, radiological findings would help a physician prepare the next case. The character of the vascularity, MRI findings, and contrast ultrasound should present. The incidence of malignancy should be summarized in the table. It believed that no bile congestion in the ectopic liver was a low risk of developing malignancy. Therefore, I cannot entirely agree with your conclusion. Please prove malignancy in your case and provide each malignant case in your 91 patients. Minor point: 8P: However, ectopic livers on rare occasions have been reported to cause recurrent abdominal pain due to torsion, hemorrhagic necrosis, compression of adjacent organs, intra peritoneal bleeding as well as obstruction of the esophagus, portal vein, and neonatal gastric outlet. Each symptom needs reference and frequency.

Response to the Reviewer (00053659)

Thank you for your review

Preoperative (recipient) and postoperative (recipient and donor) AFP values of our patients were normal limits. We cannot comment because such a AFP value is not given in the most of studies we analyze for this literature review.

- 1- Our histopathologist, who is very experienced in the liver, stated that the macroscopic and microscopic appearance of this tissue is typical ectopic liver tissue and she state that she

not detect any findings suggestive of cancer. Therefore, she stated that there is no need for advanced immunohistochemical analysis.

- 2- There was no malignancy in our patients. In our literature review, we indicated whether there was malignancy or not, according to the authors' statements. To date, we have found that hepatocellular carcinoma developed in only one case (based on literature review).
- 3- Our patients were evaluated with MRCP (donor) and CT (recipient and donor) in the preoperative period, but they were not evaluated in terms of whether they had an ectopic liver tissue because it is a very rare condition.
- 4- However, ectopic livers on rare occasions have been reported to cause recurrent abdominal pain due to torsion, hemorrhagic necrosis, compression of adjacent organs, intra peritoneal bleeding as well as obstruction of the esophagus, portal vein, and neonatal gastric outlet. Each symptom needs reference and frequency: References added, with all are considered rare presentation which were rarely reported in the literature as mentioned. There is no information in the literature about the frequency of these complications. Because it is a very rare condition.

Reviewer's Comments (02861333)

This review is a comprehensive summary of previous relevant papers for the ectopic liver tissue, and the analysis is relatively appropriate.

Conclusion: Accept (General priority)

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Response to the Reviewer (02861333)

Thank you for your review. We are pleased that you accepted our paper.

Reviewer's Comments (00077138)

Conclusion: Minor revision

Scientific Quality: Grade C (Good)

Language Quality: Grade C (A great deal of language polishing)

This is a case report of 2 cases of ectopic liver on the gallbladder incidentally discovered during liver transplant. In addition the authors have done a review of the literature to look at a summary analysis of 91 cases of ectopic liver reported. The discussion is adequate and the figures and tables appropriate. Needs major language editing and also grammatical and typographical corrections.

Response to the Reviewer (00077138)

Thank you for your review. Language editing and also grammatical and typographical corrections done. We are pleased that you accepted our paper.