June 23, 2026

The Editor in Chief
World Journal of Metanalysis

We would like to thank the reviewers for their time and effort to review our manuscript (123961). We have read the reviewers' constructive criticisms and made the necessary changes. We would now like to submit the revised version of the manuscript, with the changes highlighted in the revised manuscript and also listed in point form below:

- Reviewer #1 (04991463) commented: The authors have submitted a high-quality, clinically impactful manuscript that addresses a persistent source of confusion in hepatobiliary surgery: the non-standardized terminology and classification of Rouvière's sulcus. By pairing a local 5-year observational database with a massive harmonized global data synthesis (encompassing 25,196 individuals), this work provides an important anatomical roadmap. The effort to manually reclassify raw data and images from 59 historic and modern publications into a singular, uniform system represents a major service to surgical literature.

  Thank you for these kind comments. No changes are required in response to these reviewer comment.

- Reviewer #1 (04991463) commented: Key Strengths: Methodological Harmonization: The core value of this meta-analysis lies in its clinical pragmatism. Instead of merely summarizing disparate studies, the investigators carefully reviewed published text descriptions and intra-operative images to correct variations in nomenclature across historical datasets. This ensures the global prevalence metrics calculated are truly comparable.

  Thank you for these kind comments. No changes are required in response to these reviewer comment.

- Reviewer #1 (04991463) commented: Clinical Utility: Highlighting that the Eastern Caribbean population exhibits a lower prevalence of the "classic" open-type variants (39.33% vs. 56.69%) and a higher proportion of the harder-to-recognize slit-type variants (18.26% vs. 14.15%) is highly significant. This finding serves as a direct alert to regional surgeons to maintain heightened vigilance during laparoscopic cholecystectomy and segmentectomy, safeguarding patients against devastating bile duct injuries.

  Thank you for these kind comments. No changes are required in response to these reviewer comment.

- Reviewer #1 (04991463) commented: High-Quality Visual Evidence: Figures 1 through 4 are high-resolution, clear, and perfectly integrated into the text. Utilizing in-field surgical instruments (e.g., 5mm calipers/grippers) as a scaling index gives the anatomical criteria a concrete metric that surgeons can easily duplicate in vivo.

  Thank you for these kind comments. No changes are required in response to these reviewer comment.

- Reviewer #1 (04991463) commented: Limitations Section expansion: The authors rightfully acknowledge the potential for misclassification bias due to retrospective data mapping. It would benefit the reader to briefly discuss how the two independent reviewers resolved cases where a primary study's published description and accompanying images were contradictory or ambiguous before excluding them.

  In paragraph 6 of the discussion section, we discuss limitations of the study. We have now added sentences to detail the decisions of the independent reviewers, as suggested by reviewer 1.

- Reviewer #1 (04991463) commented: Population Sub-group Nuance: In the discussion regarding North Indian and African diaspora comparisons (Tables 4 and 5), the authors should emphasize that these comparisons remain preliminary due to the historical scarcity of granular morphological data from certain regions. This does not diminish the work but strengthens the call for broader adoption of their standardized system.

  In keeping with the suggestions from reviewer 1, we have added two sentences to the discussion section at paragraph 4 to reinforce the fact that these are preliminary comparisons with North Indian data. We also take the opportunity to call for broader adoption of data using the standardized classification.

  We also added two sentences to the discussion section at paragraph 5 to reinforce the fact that these are preliminary comparisons with African data. We also take the opportunity to call for broader adoption of data using the standardized classification.

- Reviewer #2 commented: This systematic review addresses a persistent clinical problem: the lack of a standardized definition and classification for Rouvière's sulcus, an important surgical landmark for preventing bile duct injuries and guiding hepatectomies. The authors combine a 5 year observational study (n=356) from an Eastern Caribbean nation with a comprehensive literature review of 59 articles encompassing 25,196 persons. Using a uniform classification (open, closed, slit, scar), they calculate global prevalence rates and compare them with Caribbean data. The key finding, significantly higher overall prevalence of Rouvière's

sulcus in the Caribbean (83.2% vs 76.88% globally), but lower proportions of the "classic" open type (39.33% vs 56.69%) and higher slit type (18.26% vs 14.15%) are clinically relevant and actionable. The manuscript is well structured, the methodology is sound (IRB approval, dual independent data extraction, appropriate statistics), and the discussion provides practical guidance for surgeons working in similar populations. The paper successfully highlights the harmful impact of inconsistent terminology and offers a workable solution.

Thank you for these kind comments. No changes are required in response to these reviewer comment.

- Reviewer #2 commented: 1. The 59 row table of varied definitions/classifications is overwhelming. Move it to supplementary material and replace with a concise summary highlighting the most common discrepancies.

  Thank you for this suggestion. We agree that the table is voluminous and so we have moved the 59-row table of varied definitions / classifications (currently labeled Table 1) and designated it as supplementary material, in keeping with the reviewer's suggestion. This means that the remaining tables will be re-assigned table numbers.

  In addition, a statement is now included that summarizes the most common discrepancies in a concise fashion. This is included at the paragraph 2 of the definition section and paragraph 1 of the classification section. Both paragraphs make reference to the supplementary table.

- Reviewer #2 commented: 2. The systematic review methods would benefit from a standard PRISMA flowchart detailing records identified, screened, excluded, and reasons for exclusion.

  Thank you for this suggestion. We have included the standard PRISMA flowchart as figure 1.

- Reviewer #2 commented: 3. Explicitly discuss publication bias, the risk of misclassification when extrapolating data from studies using different systems, and the lack of studies from West Africa.

  We have now included two new paragraphs in the discussion section, paragraphs 6 and paragraph 8, that explicitly discuss misclassification bias (paragraph 6) and publication bias (paragraph 8) and detail how they may have affected the outcome of the systematic review. There is also reference ot the lack of studies from West Africa in paragraph 8 of the Discussion Section.

- Reviewer #2 commented: 4. Provide a simple intra operative algorithm or checklist to help surgeons recognize closed, slit, and scar variants, especially when operative cholangiography or ICG is unavailable (as noted in the resource poor setting).

  We have included three sentences in the paragraph 3 of the Discussion section to describe an intra-operative algorithm to help surgeons recognize closed, slit and scar variants.

- Reviewer #2 commented: 5. The results section repeats numerical comparisons that are already clear in Table 3. Streamline narrative descriptions.

  Table 3 has been re-numbered to Table 2. We recognize that there are points where we re-state the numbers outlined in Table 2 in the discussion section. Therefore, there are numerous points at which we have removed the numeric values from the discussion section, thereby streamlining the narrative descriptions. These areas that were removed were:

  Results section, paragraph 1: numbers removed from paragraph 2, sentence 1 leaving only percentages.

  Results section, paragraph 3: numbers removed from paragraph 3, lines 4 and 5, leaving only percentages. Two sentences have also been merged to allow the description to be more concise.

  Results section, paragraph 4: numbers removed from paragraph 4, lines 6,7 and 8, leaving only percentages. Three sentences have been merged to streamline the descriptions.

  Results section, paragraph 5: numbers removed from paragraph 5, lines 5,6 &7, leaving only percentages. Two sentences have also been merged to streamline the descriptions.

  Results section, paragraph 6: numbers removed from paragraph 6, lines 3,4,5 and 6, leaving only percentages. We have also merged two sentences in this paragraph.

  Discussion section, paragraph 3: numbers removed from lines 9 and 10, leaving only percentages.

- Reviewer #2 commented: 6. Thoroughly check the tables for calculation and typographical errors. In table 3 and 4 there are calculation errors e.g somewhere 59/100 is (90%) while at other place 59/100 is (59%), 40/40 is shown 88.9% and 4/45 is also shown is 88.9%.

  Tables 3 and 4 have been re-numbered to tables 2 and 3 respectively.

  In table 2, the following errors were detected and corrected:

Column 19, Row 4: Corrected error 90/100 = 90%

Column 19, Row 4: Corrected error 40/45=88.9%

Column 38, Row 6: Corrected error 4/45 = 8.9%

In table 3, the following errors were detected and corrected:

Row 1, column 3: corrected error 90/100 = 90%

Row 1, Column 4: Corrected error 59/100=59%

- Reviewer #2 commented: 7. Ensure consistent use of the accent in "Rouvière"

  The entire manuscript was checked to ensure that we used the correct spelling (Rouvière's) consistently throughout the manuscript. We found thirty-eight instances, predominantly in the tables, where the accent was inadvertently omitted. In each instance (all highlighted in the manuscript), we replaced Rouviere's with Rouvière's.

- Reviewer #2 commented: 7. check for grammatical errors (e.g., "incisura of Gans" is repeatedly misspelled in references as "incisura of Gans" – correct is "incisura of Gans"). Verify the citation numbering.

  We have double checked the citation numbering and could find no inconsistencies. Additionally, we note the reviewer's comment about the spelling of "incisura of Gans" in the references. However, we have scrutinized each reference and we could not find the error that the reviewer detected. We also scrutinized the manuscript and the tables and we were unable to detect the spelling error. Additionally, the reviewer provided two spellings but they are similar. Respectfully, we were not able to locate this error and would appreciate the opportunity to correct the error if we could ask the reviewer to point out the exact location where we have erred.

- The Editor Commented (Step 1: Fly Page and Footnotes): Please update and check the contents of the manuscript's Fly Page and Footnotes, including the manuscript title, running title, author list, authors and institution(s), author contributions, supportive foundations, abstract, key words, citation, core tip, related statements, category, and country/territory of the manuscript.

  We have checked this information and there are no errors detected that require revision.

- The Editor Commented (Step 2: Figures and Tables): If the manuscript includes any figures: (1) Please choose "Yes" for the question "Are there any Figures in the manuscript?"; (2) Please paste the Figure legends for

each figure separately in the "Figure Legends" text box; and (3) Please provide decomposable Figures, in which all graphs and/or design components (such as arrows) and/or text portions can be reprocessed by the journal's editorial staff, organized in a single PowerPoint file (.ppt, .pptx), and submit it to the file destination of "Image File" located at the "Revision Files Upload" page.

We have included a single power point file that contains all images with decomposable design components, such as arrows or test portions. The new file is named "123961-Image File". Please note that Figure 1, the PRISMA flow diagram, has also been uploaded as a decomposable word file entitled "123961 - PRISMA Flow Diagram".

- The Editor Commented (Tables): If the manuscript includes any tables: (1) Please choose "Yes" for the question "Are there any Tables in the manuscript?"; and (2) Please provide decomposable Tables (in which all components are movable and editable), with corresponding Titles and Footnotes organized into a single Word file (.docx), and submit it to the file destination of "Table File".

  We have included a single word file that contains all tables as decomposable files, with all components moveable and editable, that is now entitled "123961 – Table File". Please note that, in keeping with the reviewer's suggestion, Table 2 was removed from the main manuscript and designated a supplementary file. Therefore, this is uploaded separately in a file entitled "123961 - Supplementary Table". The tables remaining in the main manuscript have been re-numbered appropriately.

- The Editor Commented (Step 3: Main Text): Please paste the main text of the revised manuscript into the text box accordingly. Please remove all editing tracks, notes, and sequence number, as well as line numbers, and only highlight the necessary revised/added contents with yellow color in the revised manuscript. Please DO NOT paste any figures, figure legends, and/or tables into the text box(es) that are provided for the main text.

  In keeping with the editor's suggestion, we have pasted the main text of the revised manuscript into the text boxes, only including the highlighted areas where changes were made to the original text. There are no figures, tables, nor figure legends in the box designated for text.

- The Editor Commented (Step 4: References): Authors should edit the references using the Auto-Analyser in F6Pubishing to ensure the correctness of all reference information. Each reference should include its corresponding PMID and DOI numbers, one or the other if one is

unavailable, or none if both are fully unavailable. The reference list should begin with Arabic number "1", without the use of brackets, for the ascending references' numbers (by appearance in the main text). If the PMID and DOI numbers are currently not included in the revised manuscript, please click the "Crossref (DOI and PMID)" button to obtain the full PMIDs/DOIs for the reference list. Please select the two options "Include PubMed IDs in results" and "List all possible DOIs per reference".

The references have been checked as instructed.

- The Editor Commented (Step 5: Relativities of References to the Subject of the Manuscript): Please run the "Check Relativities" in the "Relativities of References to the Subject of Manuscript" in F6Publishing. The early risk warning for relativities of references to manuscript subject comes from the checks of relativities of the Authors, Title, Abstract, Key Words, Core Tip, Main Body, and Peer Reviewers in the first revised manuscript. Outputs of red balls from the Check Relativities run indicate that the references have no relativities to the manuscript subject, while those of green balls suggest relativities to the manuscript subject. The warning risk levels are: High risk, 4-5 red balls; medium risk, 2-3 red balls; and low risk, 1 red ball. More than 1 red ball in the Relativities Checking Result indicates that the references may have no relativities to manuscript subject or that you have cited your own article or a peer reviewer's article according to his/her recommendation. It is important that you address the relativities of the references to manuscript subject as well as the citation of your own article(s) or a peer reviewer's article(s) due to his/her recommendation.

  We have run the relativies check. Although there are three references in the high-risk range, when we manually check the references they are indeed related to the quoted areas of the manuscript with relevance to the data in this manuscript. Therefore, they have been left in the list.

- The Editor commented: Step 6: Please upload all the required accompanying documents (listed below):
  In keeping with this request, we have uploaded the following documents:
  (1) 123961-Manuscript File
  (2) 123961-Answering Reviewers
  (3) 123961-Audio Core Tip
  (4) 123961-Biostatistics Review Certificate
  (5) 123961-Conflict-of-Interest Disclosure Form
  (6) 123961-Copyright License Agreement
  (8) 123961-Non-Native Speakers of English Editing Certificate
  (10) 123961-Image File
  (11) 123961-Table File
  (12) 123961-PRISMA 2009 Checklist

(13) 123961-Supplementary Table
(16) 123961-Checklist for Authors to Revise a Manuscript