

Response letter:

Dear Editors and Reviewers,

Thank you very much for considering our manuscript. We found your comments very meaningful and significant. The following are the answers to your comments/questions.

From reviewer 1558248

Please make some corrections for reader to understand more easily.

1. Running title: intraductal papillary neoplasm of bile ducts

Response: We changed the running title in the revised manuscript as recommended and highlighted in yellow. Thank you.

2. It is better to mention more detail of the difference of papillary neoplasm of bile duct and pancreatic duct appeared in the first paragraph of Introduction.

Response: The comparison of IPMN and IPNB has been added in the first paragraph of the introduction and highlighted in yellow. Thank you.

3. Please tell the reason of hepatico-jejunostomy for this patient and show the figure of morphology of intra-/extrahepatic bile duct.

Response: The hepatico-jejunostomy was performed to reconstruct the hepatic biliary tree, anastomosing the hepatic duct to the duodenum to drain the bile from the liver. The decision of a left hepatic lobectomy with a biliary reconstruction was made based on the fact that the right lobe vessels and bile ducts were free of tumor.

The following images show the tumor at the bifurcation of the common bile duct with left hepatic duct involvement and intrahepatic biliary ductal dilatation.

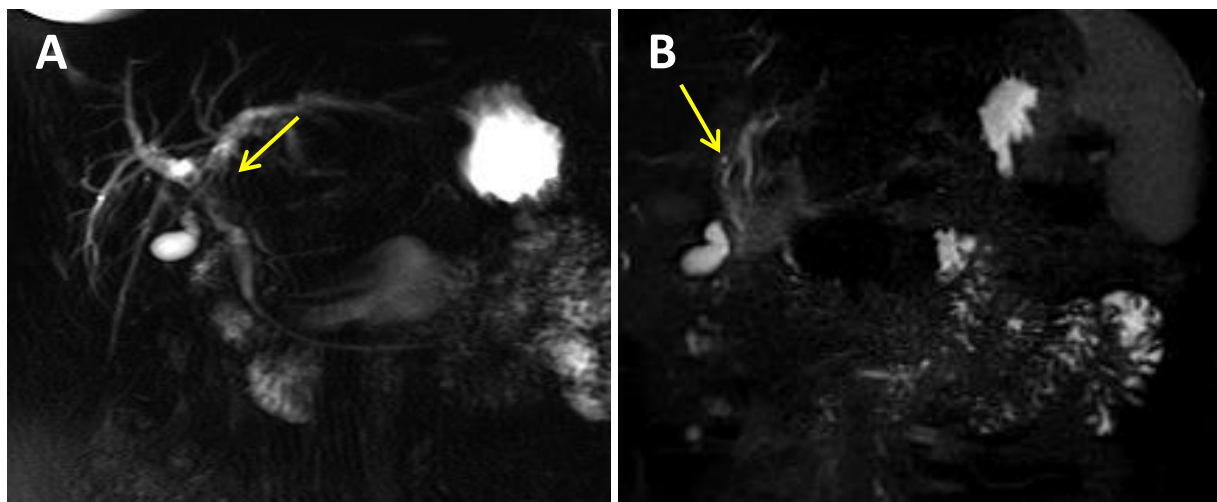


Figure A: Coronal T2 HASTE maximally intensity projection (750/4500): demonstrates diffuse intrahepatic biliary ductal dilatation without aneurysm or strictures. There is also loss of signal at the bifurcation (yellow arrow) which represents an intra-luminal filling defect.

Figure B: Coronal T2 HASTE (111/1500): demonstrates an elongated filling defect within the lumen of the common bile duct at the bifurcation extending into the proximal left hepatic duct (yellow arrow)

4. Try to make more simply and briefly in the section of Discussion

Response: The discussion has been simplified. Thank you.

5. Show a note of Original of Table 1

Response: The origin of Table 1 is references 3 and 6.

6. References were to many and format according the requirement of journal.

Response: We have removed some references. All the references are in the format required by *World Journal of Gastroenterology*. Thank you.

Comments from the manuscript edits:

Writing requirements for each subsection

(1)Case characteristics

Please summarize main symptoms in one sentence.

Response: 38-year-old female presented with one-week of acholic stools, jaundice, purities and dark colored urine.

(2) Clinical diagnosis

Please summarize main clinical findings in one sentence.

Response: Clinical impression was obstructive jaundice.

(3)Differential diagnosis

Please summarize thoughts and methods for differential diagnosis in one sentence.

Response: Differential diagnosis includes hepatic mucinous cystic neoplasm (HMCN) and cholangiocarcinoma (CCA) which can be differentiated from IPNBs by the presence of bile duct communication and ovarian-type stroma.

(4) Laboratory diagnosis

Please summarize laboratory testing methods and major findings in one sentence.

Response: At the time of presenting at our hospital, the patient's laboratory tests demonstrated a total bilirubin 2.0 mg/dL, direct bilirubin 1.5 mg/dL, alkaline phosphatase 195 unit/L, AST 83 unit/L, ALT 187 unit/L, and CA19-9 37.2 unit/ml.

(5) Imaging diagnosis

Please summarize imaging methods and major findings in one sentence.

Response: CT and MRI were performed at the time of presenting at our hospital and revealed an ill-defined soft tissue fullness at the bifurcation of the common hepatic duct involving the left and right hepatic ducts as well as three intrahepatic masses which were suspicious for metastasis.

(6) Pathological diagnosis

Please summarize pathological methods and major findings in one sentence.

Response: By macro- and microscopic examination the pathological diagnosis was invasive intraductal papillary neoplasm (adenocarcinoma) of bile ducts, 3 cm, gastric subtype, with multiple intrahapatic metastases up to 6.0 cm.

(7) Treatment

Please summarize treatments and drugs used in one sentence.

Response: The patient underwent a left hepatic lobectomy with cholecystectomy and hepaticojejunostomy followed by postoperative adjuvant chemotherapy with FOLFOX for months and then concurrent chemo-radiation.

(8) Related reports

Please provide other contents related to the case report to help readers better understand the present case.

Response: This patient has a reported history of choledocholithiasis and underwent stone extraction through ERCP at outside hospital. Postoperatively, although she was receiving chemo-radiation, she was found to have left periaortic and gastrohepatic lymphadenopathy and biopsy confirmed the metastatic carcinoma, morphologically similar to the invasive IPNB.

(9) Term explanation

Please explain uncommon terms present in the case report.

Response: There are no uncommon terms in this manuscript. Thank you.

(10) Experiences and lessons

Please summarize experiences and lessons learnt from the case in one sentence.

Response: IPNB is very rare in the USA and cautions are needed in order to differentiate this entity from other bile duct tumors and hepatic tumors, especially cholangiocarcinoma and hepatic mucinous cystic neoplasm since they have similarity in morphology but difference in prognosis and treatment. Thank you.

(11) Peer- review

Please summarize the strengths and weaknesses of the article based on the reviewers' comments so that readers can obtain objective knowledge from the article.

Response: In this article, we are reporting the first case we have encountered in our clinic. We also did thorough literature search and summarized 354 patients with IPNB from 22 articles in a search of PubMed database. This article is well written and informative. Since this is the first patient for us, more experience is needed for diagnosis and therapy.

Comments for Figure 1 and Figure 2: "For the figures, the fonts and lines can be edited or moved. It can be made by ppt."

Response: The figures are changed as required. Now the lines and fonts are movable. Thank you.