1. I cannot find the Abstract, which should include the BACKGROUND, CASE SUMMARY CONCLUSION.

Response : We totally agree with this comment, thank you for giving us opportunity to fix our mistake. We checked again, and added abstract and background, case summary, conclusion.

2. Please check if the manuscript information is correct, including Abstract, Ma in Text, and Acknowledgements.

Response: Thank you for your comment. We are very sorry for manuscript information errors. We had checked and corrected errors.

3. I would suggest the authors to discuss the condition that when we can cho ose the conservative treatment. The authors need to discuss their findings and the condition that when we can choose the conservative treatment, and revie w other authors' work.

Response: Thank you for your thoughtful review and comments. We added detailed conditions on choosing conservative treatment on discussion part(page8).

Our decision on conservative treatment was challenging. As a surgeon, treat ment by a surgical approach is a tempting method and is easily performed. H owever, considering the patient's symptoms and laboratory findings, we decide d to consider other treatment options. In this patient's case, after endoscopic r etrograde cholangiopancreatography and cannulation were performed, the patie nt's abdominal tenderness improved daily. Furthermore, the patient's gallstone was spontaneously formed by hematoma, his fever was relieved, and his labor atory findings decreased to the normal range. With symptom improvement an d no other complications, stopping antibiotics was the final consideration for t

reatment that was completed with conservative treatment.

However, before considering conservative treatment, it is necessary to confir m whether there are other accompanying intra-abdominal injuries in the patien t and whether the required treatment of such injuries is likely to prolong the hospital stay. Furthermore, in cases where gallbladder stones are present or th e clinical manifestation is cholecystitis, surgical or cholecystostomy intervention s should be considered as treatment options. This patient's gallbladder hemato ma size gradually decreased and completely resolved after long-term follow-up. Therefore, no other interventions were needed.

4. I would suggest the authors to perform a literature review to the importa nce of this topic and what previous work has been done. Consider mentioning the limitations of some of the previous studies and how this study helps our understanding of the current state of conservative treatment for Spontaneous resolution of gallbladder hematoma in blunt traumatic injury.

Response: We totally agree with your opinion. We think it is invaluable recommendation. Acc ording to your comment, we revised and added literature review of this topic and discussed a bout the previous works' limitations, on discussion section and added 5 references(page9).

We searched the PubMed database for a literature review of treatment optio ns for similar cases of traumatic gallbladder hematoma. In a case reported by Nishiwaki *et al* (1999), the patient was managed conservatively over 30 days a nd eventually underwent cholecystectomy. In this case, the patient had liver ci rrhosis and consistent anemia detected during the admission period. For furthe r evaluation, the authors performed ultrasonography-guided aspiration. In thes e circumstances, continuing conservative treatment may have caused a fatal sit uation.[11]

When the diagnosis is unclear in isolated gallbladder injury, CT scan and cholecystectomy are considered the treatment of choice, as reported by Birn *et al* This was supported by the postoperative diagnostic results in Birn's case of a partially avulsed gallbladder specimen that was not identified on CT [12]

In a blunt trauma case reported by Tudyka *et al*. (2007), a hydroptic gallbladder with intraluminal hematoma and dilatation of the common bile duct was found in the patient's CT scan. Without other options, the patient underwent explorative laparotomy, and cholecystectomy was performed. There was no perforation of the resected gall bladder, and a large intraluminal hematoma was seen in the specimen. In a similar case of isolated blunt gallbladder trauma with intraluminal hemorrhage reported by Como *et al* (2013), the patient underwent laparoscopic cholecystectomy due to suspected hemorrhagic findings in the gallbladder on CT scan. Even though the patient had tenderness in the right upper quadrant of the abdomen, combined right second to fourth rib fractures and pneumothorax may have also explained their pain. As seen in our case, conservative treatment options may have been carefully considered in these two cases. [13, 14]

ERCP treatment might also cause iatrogenic complications. In a case report by Staszak *et al*, ERCP with stent placement was performed to treat hemobilia of cholangitis, and after the procedure, laparoscopic cholecystectomy was performed the following day for the treatment of combined cholecystitis. However, after these interventions, pseudoaneurysms of the posterior margins of the liver just above the gallbladder border developed. Even if this case was not caused by traumatic events, the risks of hemobilia and ERCP treatment should not be underestimated.[15]