1. **Define what is grade A healing of the incision (under Treatment)**

   My answer to this question is as follows: (1) Referring to the surgical incision healing standard in the surgical textbook published by The People's Medical Publishing House of China, the standard for post-operative incision healing of the patient was Class-A healing, so relevant descriptions in the original text appeared. Objective To describe the good recovery of the patient's general state after surgery, and the wound healing is one of the indexes, so the wound healing is specially described. (2) To avoid misunderstanding, I have deleted the description from the original text.

2. **What was the reason why the patient underwent abdominal imaging? Utz done first for what reason? or directly had CT scan?**

   My answer to this question is that the patient was found to have liver space-occupying lesions during routine physical examination in another hospital, so the patient came to the department of hepatobiliary Surgery of our hospital for treatment and underwent plain CT scan and enhanced examination to clarify the nature of liver lesions.

3. **After undergoing laparoscopic hepatic space-occupying resection (was this just a plain excision or with wide margins)? - How was the lesion excised? Method? cautery, ultrasonic device? was pringle maneuver necessary?**

   My answer to this question is as follows: (1) Since the nature of liver lesions cannot completely exclude malignant resection, the patient underwent undergoing laparoscopic hepatic space-arranged resection with wide margins. (2) The liver lesion was excised by Ethicon® ultrasonic device made from Johns- Johns Company and the hilum was blocked.

4. **Include in discussion, common presentation/manifestation of patients with SNNL.**

   My answer to this question is that patients with Snnl are usually asymptomatic and have no specific clinical manifestations.

5. **What is the recommendation for SNNL suspicious lesions in the liver, preoperatively, and intraoperatively? Should all undergo excision.**

   My answer to this question is: if SNNL is considered through preoperative examination, close follow-up should be conducted. If the nature of the liver lesion cannot be determined before surgery, surgical resection of the lesion is recommended.

6. **The patient have a lupus disease that have been treated by an unknown medication.**

   My answer to this question is: the patient was treated with glucocorticoid (prednisone) and hydroxychloroquine, and the treatment effect was good.

7. **What was the duration of follow-up?**

   My answer to this question is that the patient remained alive with no abnormal changes. Patients were followed up for 27 months.
8. The CT executed in which date after the operation.
   My answer to this question is that the patient underwent plain CT scan on
   the 4th postoperative day. The "calcification" in the residual cavity is the
   appearance of the drainage tube on PLAIN CT scan.
9. Why a core biopsy have not been performed before the intervention.
   My answer to this question is that a biopsy was not performed because CT
   examination could not exclude malignancy.
10. If the diagnosis of Solitary Necrotic Nodules of the Liver was revealed in
    the preopertaive period by a radiological core biopsy; did you operated this
    patient, or a simple monitoring would have been sufficient given the
    benignity of the lesion?
    My answer to this question is that because solitary necrotic nodules of the
    liver are benign lesions. If the diagnosis of isolated necrotic nodules of the
    liver is revealed by radiology and biopsy before surgery, periodic
    examination can be performed.
11. There are a number of points that may deserve some revisions. 1. It is
    unacceptable to have more than 3 references from the same journal. To
    resolve this issue and move forward in the peer-review/publication process,
    please revise your reference list accordingly. 2. The choice of the references is
    outdated 3. Please correct these types of grammatical errors throughout the
    paper.
    My answer to this question is that I have further explained this case
    report and the relevant references have been updated. The relevant
    grammatical errors in this article have been corrected