Author's response to reviews

Title: A case of a hepaticocystic duct: a rare anomaly of the extrahepatic biliary system

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Author's response to reviews: see over
Reply

To the editorial team

1. Please include the study design in your title, i.e. Case report. For example: A presenting with B in C: a case report.
*(Our reply)* We revised the title in Title page. Please check it.

2. Please include all the co-authors’ email addresses in the Title page.
*(Our reply)* We added all the co-author’s email addresses in the Title page. Please check it.

3. Please restructure the Abstract section on page 2. The abstract must not exceed 350 words. Please do not use abbreviations or references in the abstract. The abstract should be structured into three sections and should make clear how the case report adds to the medical literature.
*(Our reply)* We rechecked the abstract section. The number of words was 104 words. The structure of abstract consists of three sections, Introduction, Case presentation and Conclusion. Please check it.

4. Please include an acknowledgement section at the end of the manuscript before the reference list. Please acknowledge anyone who contributed towards the study by making substantial contributions to conception, design, acquisition of data, or analysis and interpretation of data, or who was involved in drafting the manuscript or revising it critically for important intellectual content, but who does not meet the criteria for authorship. Please also include the source(s) of funding for all authors. Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgements.
*(Our reply)* We added an acknowledgement section at the end of the manuscript before the reference list. Please check it.

To the Reviewer 2

1. The authors indicated the two photos in Fig.1. Although Fig 1.B is not necessary.
*(Our reply)* We appreciate for the indication. Now, we removed Fig 1.B and revised the Figure legends of Figure 1. Please check it.
2. How did they close the wall of the GB? Running or interrupted suture? Absorbed or non-absorbed thread? Please specify because it was leaked.

(Our reply) We closed the wall of the GB by interrupted suture with absorbed thread. Please check the fourth paragraph of the Case presentation section.

To the Reviewer 3

1. Descriptions for embryological development regarding the hepatic diverticulum should be briefly commented in Discussion.

(Our reply) We agree with the reviewer. According to this comment, we added the descriptions in the first paragraph of Discussion section. We added the reference No.12 on references page. Please check it.

2. Intraoperative cholangiography before cholecystectomy should be presented to demonstrate the actual appearance of this case having hepaticocystic duct. Was the cholangiography from the gallbladder available?

(Our reply) No, we performed intraoperative cholangiography after cholecystectomy. According to this comment, we changed the description on the surgical procedure. Please check the fourth paragraph of the Case presentation section.

3. How was the conjunction between the cystic duct and the pancreatic duct?

(Our reply) The conjunction between the cystic duct and pancreatic duct was in Vater papilla. There seems to be no anomaly on the junction.

4. We do not understand why the patient had the residual stone in the cystic duct after open cholecystectomy with the direct cholangiography via catheter placed in the hepaticocystic duct.

(Our reply) We appreciate for the thoughtful comment. It may be due to the remnant gallbladder was large (because the continuity must be kept with common bile duct) where the bile was pooled, in which the stone was created.
5. Was there any other anomaly in this case, such as hepatic artery, portal vein, and intrahepatic bile ducts?

(Our reply) No, there was no other anomaly in this case.