

Peer Review File

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Reviewer A

Comments to the Author

This report describes spontaneously found giant accessory hepatic lobe in adult.

Accessory hepatic lobe is rare and seems worth to be published.

It had better more clarifying how that lobe and normal liver are anatomically connected on CT images and adding some literature considerations about prevalence rate and causes of the disease.

The patient did not complain of abdominal pain, but the liver pathology showed an inflammatory pseudotumor. Does this suggest a previous infarction or torsion?

Why the patient underwent the liver surgery without pain?

Comment 1: It had better more clarifying how that lobe and normal liver are anatomically connected on CT images.

Reply 1: We have further elaborated that lobe and normal liver are anatomically connected.

Changes in the text: see Page 1, line 5-6. (red words)

Comment 2: It had better adding some literature considerations about prevalence rate and causes of the disease.

Reply 2: We have added a narrative of the incidence and etiology of AHL.

Changes in the text: see Page 2, line 3-6. (red words)

Comment 3: The patient did not complain of abdominal pain, but the liver pathology showed an inflammatory pseudotumor. Does this suggest a previous infarction or torsion?

Reply 3: Yes, this suggests a previous infarction or torsion. Because it is large and lacks anatomical fixation by hepatic ligaments, it is susceptible to rotation or even torsion, which can lead to ischemic infarction. Hepatitis pseudotumor is a granulomatous lesion characterized by fibrous tissue and capillary hyperplasia of necrotic liver tissue accompanied by a large infiltration of inflammatory cells. So we can presume that previous changes of hepatic ischemic infarction have occurred.

Comment 4: Why the patient underwent the liver surgery without pain?

Reply 4: Due to the large size of the lesion, hepatic ischemia and torsion could easily exist and present as a surgical emergency, so elective surgical treatment was chosen.