

Dear Editors,

I had made corrections and changes listed below according to the reviewers' comments.

Also, language polishing was made by AmEditor with certificating letter.

Thank you for your efforts and help to process our manuscript.

Sincerely,

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REVIEWER 1

Peer review on the article entitled Pure laparoscopic hepatectomy for the patients with upper abdominal surgical history and repeat hepatectomy The article is useful for surgeons, gastroenterologists, and oncologists. It is good that the medical world knows that experienced practitioners can perform laparoscopic hepatectomies in patients with previous abdominal surgeries and even with partial prior hepatectomy. The number of analyzed patients is enough to allow a statistical analysis and to draw conclusions. The surgical technique, the results and the statistical analysis are well presented. The discussion could also include more recent references. There are numerous errors of expression and grammatical mistakes (for example: gastrectomy, symptoms, a abdominal, vasucular, laproscopic, sectorectomy, etc), that need to be corrected. After the achievement of indicated corrections and additions, I suggest that the article can be published.

RESPONCE

More recent references were cited and new table 7 was added. Also, they were discussed in the section of discussion. Errors of expression and grammatical mistakes were corrected.

REVIEWER 2

Congratulations to the brave surgical interventions! Reading just the text is ok, but overview the data of tables, maybe this habit is not refundable, like 254 postoperative hospital days stay. In this manner I suggest conventional intervention. That is true that in

certain and selected cases laparoscopy is safe. But this article should be supplemented with criteria for conversion to open surgery. Minor revision is advised in data of tables, eg table 2 CLD+/- 7+9 is more than 12, also typewriting is lazy in tables...

RESPONCE

In table 5, the case of 254 postoperative hospital days stay was described and explained. Reasons for conversion to open surgery were described in the last of the section of Indication and Technique of pure LH (MATERIALS AND METHODS). Tables were revised.

REVIEWER 3

1. The title is confused and long.
2. The abstract is too long and the results enclose a bad presentation, difficult to understand.
3. The number of cases (22) of the core of the manuscript is small and the diagnosis heterogeneous. A better description of the cases should be provided in order to show the characterization of the patients, including, time of the disease, methods of diagnosis including image finds, tumor blood markers etc. Maybe a table could help.
4. A better description of surgical strategies should be provided as if they performed intra-operative ultrasound exam, the rate of tumor size and strategies for pedicle assessment like conventional or posterior approach as recently described. There were no schedules for the surgical approaches, neither some picture from the surgeries.
5. The results have a scanty presentation with ugly and inefficient tables.
6. In discussion sections the authors mostly repeat their results and do not opportunely confront their results with that from the current literature.

RESPONCE

1. 2.-Title and abstract were revised as short and well-understandable.
- 3.-Table 2 for better description of the cases were added.
- 4.- A better description of surgical strategies and schedules for the surgical approaches were added in the section of Indication and Technique of pure LH (MATERIALS AND METHODS).
- 5.6.- More recent references were cited and new table 7 was added. Also, they were discussed compared with our results in the section of discussion.

REVIEWER 4

The authors assessed the clinical outcomes of laparoscopic hepatectomy (LH) in patients with a history of upper abdominal surgery or with prior hepatectomy. Of 80 pure LH, 22 patients underwent LH after previous upper abdominal surgery and 12 patients underwent for repeat hepatectomy. This study conclusively demonstrated that pure LH in patients with a history of upper abdominal surgery is feasible and safe in selected patients.