

October 25, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript 14151-Review.doc).

Title: Retrospective Observation of the therapeutic effects of Adult Auxiliary Partial Living Donor Liver Transplantation on Postpartum Acute Liver Failure Following HBV: a case report

Author: Chuan-Yun Li, Wei Lai, Dong-Dong Lin, Ju-Shan Wu, Dao-Bing Zeng, Qing-liang Guo, Ning Li, Shi-Chun Lu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14151

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers

Reviewer No.2731621:

- (1) Right lobe living related liver transplantation can be performed safely for good-risk recipients (stable, moderate portal hypertension, well nourished) with GRWR >0,8 or 0,6 with Middle hepatic vein grafts. But for decompensated patients, particularly those with severe portal hypertension, the graft to body weight ratio should be 1.5 or greater. *Heaton N. Small-for-size liver syndrome after auxiliary and split liver transplantation: donor selection. See comment in PubMed Commons below Liver Transpl. 2003 Sep;9(9):S26-8[PMID:12942475]*. This patient was diagnosed as severe viral hepatitis B of acute phase, hepatic encephalopathy stage III and coma, and GRWR=0.8. In order to free of Small-for-size liver syndrome, auxiliary partial orthotopic living donor liver transplant (APOLDLT) was done.
- (2) Encephalopathy grade of the patient was stage III
- (3) MELD index has been corrected as MELD score.
- (4) We dilated the right hepatic vein using a vascular conduit.
- (5) We performed biopsy which confirmed that the recipient residual liver regenerated rapidly after operation and more than 90% of the necrotized hepatocytes regenerated within two weeks.
- (6) Figure 1-A, 1-B, 2-A, 2-B, 3-A, 3-B, 4-A, 4-B, 5-A and 5-B were the explant pathology results.
- (7) Until now, the recipient has been living for more than 78 months free of any complications. We don't consider the remove back of the transplanted partial liver graft.

Reviewer No. 2445667:

We have added the abstract section.

Reviewer No.722219:

We have revised our manuscript in terms of language editing.

Reviewer No.743117:

- (1) Right lobe living related liver transplantation can be performed safely for good-risk recipients (stable, moderate portal hypertension, well nourished) with GRWR >0,8 or 0,6 with Middle hepatic vein grafts. But for decompensated patients, particularly those with severe portal hypertension, the graft to body weight ratio should be 1.5 or greater. *Heaton N. Small-for-size liver syndrome after auxiliary and split liver transplantation: donor selection. See comment in PubMed Commons below Liver*

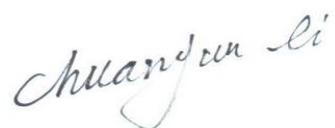
Transpl. 2003 Sep;9(9):S26-8[PMID:12942475]. This patient was diagnosed as severe viral hepatitis B of acute phase, hepatic encephalopathy stage III and coma, and actual donated liver volume was 600ml (GRWR=0.8). In order to free of Small-for-size liver syndrome, APOLDLT was performed.

- (2) The combination of anti-HBV immunoglobulin (HBIG) and Entecavir was initiated for anti-HBV therapy. 2000 IU per day was infused for first week and the serum level of HBs-Ab titer >1000 IU/L. Then, 400 IU was administrated by intramuscular injection twice a week for one month and the serum level of HBs-Ab titer >500 IU/L. And then, intramuscular injection of 400 IU was performed once a week for two months and the serum level of HBs-Ab titer >300 IU/L, after this, 400 IU twice per month up to now with the serum level of HBs-Ab titer >100 IU/L. Entecavir was administrated 0.5mg per day from the first day afteroperation. HBV-DNA titer was always <100 IU/mL afteroperation.
- (3) The title has been corrected.
- (4) We have performed English proof-reading and revised grammatical errors in the text.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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