

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,



Chuan-yun Li ,MD

Department of Hepatobiliary Surgery and Liver Transplantation Centor,

Beijing You-An Hospital,

Capital Medical University,

Beijing 100069,China

Fax:+ 86-01-63251531

[Tel:+86-01-83997175](tel:+86-01-83997175)