

ANSWERING REVIEWERS

Name of journal: World Journal of Hepatology

ESPS manuscript NO: 19633

Title: Management issues in Post LDLT biliary strictures

Reviewer's code: 03251423

1. Paper contains a classical summary of endoscopic treatment for Post LDLT biliary strictures. I think that there are major and minor problems. Major revisions: Authors should mention about magnetic compression anastomosis for Post LDLT biliary strictures (1. Parlak E, Küçükay F, Kutsal A?, Eminler AT, Uslan M?, Yılmaz S. Recanalization of complete anastomotic biliary obstruction after living donor related liver transplantation with a novel through-the-scope magnet. Liver Transpl 2015; 21: 711-712. doi: 10.1002/lt.24084. 2. Jang SI, Kim JH, Won JY, Lee KH, Kim HW, You JW, et al. Magnetic compression anastomosis is useful in biliary anastomotic strictures after living donor liver transplantation. Gastrointest Endosc 2011; 74: 1040-1048. doi: 10.1016/j.gie.2011.06.026.)

Re: These have been included in the "Technical Challenges" section.

2. Authors should mention about EUS-guided ERCP with or without magnetic compression anastomosis for Post LDLT biliary strictures (3. Perez-Miranda M, Aleman N, de la Serna Higuera C, Gil-Simon P, Perez-Saborido B, Sanchez-Antolin G. Magnetic compression anastomosis through EUS-guided choledochoduodenostomy to repair a disconnected bile duct in orthotopic liver transplantation. Gastrointest Endosc 2014; 80: 520-521. doi: 10.1016/j.gie.2014.06.042.)

Re: This also has been included in the "Technical Challenges" section.

3. Authors should mention about classification of non-anastomotic biliary strictures after LDLT. Differences of endoscopic treatments and outcomes between anastomotic versus non-anastomotic?

Re: Non-anastomotic strictures have been mentioned introduction. Since the only definitive treatment of non-anastomotic strictures is retransplantation, this has not been extensively discussed in this review.

4. Minor revisions: Authors mentioned that 'We do not use balloon dilatation in first ERCP for the fear of anastomotic disruption.'. How many patients with fear of anastomotic disruption have been reported in the literature due to the use of balloon dilatation in first ERCP?. Is there any experience or reference for this conclusion?

Re: The literature does not discuss this complication. However, we abandoned using balloon dilatation in first ERC after we had one case of anastomotic disruption. We still use SNBD dilators upto a maximum of 8.5F in first ERCP.

5. As authors mentioned, angulation (S-shaped stricture) is a serious problem in Post LDLT

biliary strictures. There exist a different endoscopic method recommended for this difficult condition (Ersoz G, Tekin F, Ozutemiz O, Tekesin O. Endoscopy. 2007;39 Suppl 1:E332. doi: 10.1055/s-2007-966559.).

Re: This has also been included in the technical challenges section.

6. Living donor liver transplant should be written instead of LDLT in the topic of the article.

Re: This has been changed.

7. LDLT and DDLT should not be used as (abreveation) in the abstract.

Re: Deleted.

8. Table 1: reference instead of 'study', country instead of 'place', months instead of 'mo'.

Re: Done.

9. Define abreveations in table 3 such as ABS, MRCP, etc. What is 'NAS' in figure 2?
Non-anastomotic stricture?

Re: It means non-anastomotic stricture. Defined in the abbreviations section.

Reviewer's code: 00009417

1. The clinically relevant review summarizes the current knowledge about diagnosis and treatment of biliary strictures in living donor liver transplantation (LDLT). The review is well-illustrated and gives a practical guideline. Comments 1. All abbreviations should be introduced; e.g. LDLT, DDLT, CHD. 2.

Re: Abbreviations have been listed.

2. It is ruled out that donor bile ducts do not respond to distal obstruction in the same extent of dilatation as the non transplant liver. The phenomenon could be of relevance to underestimate strictures. A short comment could be helpful.

Re: This has been included in the diagnosis section.

3. In Figure 2: The legend is not fully visible.

Re: Done

4. In Figure 4: an overlay of two images is given

Re: Orientation of images has been changed.