

Dear all reviewers,

Thank you for giving me the opportunity to submit a revised draft of my manuscript titled *Diagnosis and management of hepatic artery in-stent restenosis after liver transplantation by Optical Coherence: a case report* to *World Journal of Hepatology*. I appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on my manuscript. I am grateful to the reviewers for their insightful comments on my paper. I have been able to incorporate changes to reflect most of the suggestions provided by the reviewers. I have highlighted the changes within the manuscript. Here is a point-by-point response to the reviewers' comments and concerns.

Comments from Reviewer

- Comment 1: *"It is a good case report. To majority readers, optical coherence tomography (OCT) performed in in-stent restenosis of transplant hepatic artery is not known, it should be introduced more. In your paper, OCT was not used in management but diagnosis only."*

Response: Thank you for your considerations. I agree with this comment and I put some extra information in the Introduction, as suggested (page 3). It is also highlighted in the manuscript.

- Comment 2: *"1. Why was OCT chosen as the investigative modality when Angiography was inconclusive? How is OCT different from other conventional imaging /CT? 2. Pg 4 last paragraph : "...the patient presented with clinical impairment .." There is no description of pt symptomatology in the presentation 3. Pg 5 first paragraph : "OCT showed severe stenosis caused by stent fracture, late stent malapposition, neointimal hyperplasia and probably neoatherosclerosis tissue". How were the findings arrived at and what is the description of the technical terms ? 4. References are incomplete (without page numbers) and not as per standard format 5. Ref no 3 is not cited in order, in the manuscript 6. What are the possible limitations for use of OCT?"*

Response: Agree. 1) I believe that this question is answered in page 3; 2) I have, accordingly, modified this information. 3) I have revised this information and added some new information in the Introduction to emphasize better the how these findings were arrived. 4 and 5) Agree. They are now in the correct sequence, I apologize for this mistake. 6) Agree. You can now find this information concerning OCT limitations in page 6.

- Comment 3: *"The authors present the first case of using OCT in the diagnosis of hepatic artery restenosis after liver transplantation. The application is novel and the manuscript is succinctly written. Figure 2 needs some better mark-ups to identify the pathologic features"*.

Response: I agree with this and have incorporated your suggestion in figure 2.

I look forward to hearing from you in due time regarding our submission and to respond to any further questions and comments you may have.

Sincerely,
Francisco Leonardo Galastri