

## Format for ANSWERING REVIEWERS



March 23, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS Manuscript NO 6473-edited.doc).

**Title:** Postoperative biliary complications following orthotopic liver transplantation: assessment with MR Cholangiography

**Author:** Piero Boraschi, MD, Francescamaria Donati, MD

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 6473

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 reviewer

On answer to the **Reviewer #02731744:**

First of all I would like to thank the reviewer for comments and suggestions but I would like to clarify that the topic of this review is mainly the assessment with MR Cholangiography of postoperative biliary adverse events following orthotopic liver transplantation.

A list of answers on a point-by-point basis to each of Reviewer's comment or suggestion is reported below:

1. As suggested by the Reviewer, the term of "complication" has been changed with "adverse events" both in the title and in the text.
2. In `Diagnosis of biliary complications after OLT` section we have added the adverse events of ERC and why it is difficult in patients with bilioenteric anastomoses.
3. As suggested by the Reviewer, in `Diagnosis of biliary complications after OLT` section we have added EUS-guided biliary drainage as further invasive technique.
4. As suggested by the Reviewer, in `Diagnosis of biliary complications after OLT` section we have discussed the clinical impact of MDCT as noninvasive technique in this setting and also the possible utility of DIC-CT, even if in literature I haven't found any specific application of this technique in the postoperative period of liver transplant patients.
5. As suggested by the Reviewer, in `Biliary stones, sludge, and casts` section we have discussed the role of EUS for detection of choledocholithiasis. Besides, we also added a recent paper (Verma D, Kapadia A, Eisen GM, Adler DG. EUS vs MRCP for detection of choledocholithiasis. *Gastrointest Endosc* 2006; 64:248-254) in which the authors performed a systematic review of all published randomized, prospective trials that compared EUS with MRCP with the primary aim being to compare the overall diagnostic accuracy for the detection of choledocholithiasis in patients

with suspected biliary disease. Overall, this study demonstrated no statistically significant difference between EUS and MRCP for the detection of choledocholithiasis, although both tests were highly effective. The investigators suggest such factors as patient suitability and local expertise be considered when selecting between EUS and MRCP in patients with suspected choledocholithiasis.

6. As suggested by the Reviewer, we have mentioned several treatment methods for biliary adverse events in each section of our `review paper`.

**On answer to the Reviewer #02438890:**

First of all I would like to thank the reviewer for the very positive comments on my paper ("This is an excellent review with very demonstrative radiologic images"). As concerns as the observation that the content of this work may not be very appropriate for the readers of "World Journal of Gastroenterology" and that a radiology or a transplantation journal may be better for this review, I would like to underline that, during the revision process, several treatment methods for biliary adverse events have been mentioned in each section of our "review paper" and that other diagnostic/therapeutic modalities (such as MDCT, EUS, EUS-guided biliary drainage, etc.) have been reported or implemented in the "Diagnosis of biliary complications after OLT". In this way, I think that the general information given in the introduction for the expectations of a gastroenterologist or a surgeon should be improved.

**On answer to the Reviewer #02447059:**

First of all I would like to thank the reviewer for the very positive comments on my paper (in particular "the review is well written and the information provided is of great value in the field").

A list of answers on a point-by-point basis to each of Reviewer's comment or suggestion is reported below:

1. As suggested by the Reviewer, in the Abstract we have reported the summary estimates of sensitivity and specificity of MRC in the diagnosis of biliary adverse events following OLT.
2. As suggested by the Reviewer, in the Abstract we have added the full name of some abbreviations such as ERCP and PTC.
3. As suggested by the Reviewer, in the Abstract we have unified the terms "non-invasive" and "noninvasive" always writing "non-invasive".
4. As suggested by the Reviewer, in the Abstract the term "Orthotopic liver transplantation" has been followed by its abbreviation "OLT".
5. As suggested by the Reviewer, in the Introduction we have changed the term "autoimmune chronic hepatitis" with the commonly used term "autoimmune hepatitis".
6. As suggested by the Reviewer, we have used the abbreviation "OLT" instead of the full name "orthotopic liver transplantation" throughout the manuscript except in the first line of Introduction.
7. As suggested by the Reviewer, in the Page 5 (2nd paragraph after reference 5) we have inserted a full stop then we have started a new sentence.
8. As suggested by the Reviewer, we have added lacking references and in particular at page 6, 2nd paragraph, and at page 8, 1st paragraph.
9. As suggested by the Reviewer, in the text we have unified the terms "ultrasound" and "ultrasonography" always writing "ultrasound".

10. As suggested by the Reviewer, at page 6 we have added the abbreviation US after ultrasound that is mentioned in the text at page 11.
11. As suggested by the Reviewer, at page 7 and in the text we have unified the terms "ERC" and "ERCP" always writing "ERCP".
12. As suggested by the Reviewer, at page 8 (1st paragraph, line 2) we have used the abbreviation 3D after the full name (three-dimensional) that is first mentioned in the text, whereas we have used the abbreviation 3D in the remaining text (page 8, 1st paragraph in line 6; page 9, line 11; and page 12, 2nd paragraph).
13. As suggested by the Reviewer, in the text we have unified the terms " T2w " and " T2-weighted " always writing " T2-weighted ".
14. As suggested by the Reviewer, at page 8 (last paragraph) we have corrected the abbreviation MRC with MRCP.
15. As suggested by the Reviewer, we have used the abbreviation CC instead of the full name (choledochocholedochostomy) at page 10 (line 2 from below) and similarly in page 12, 2nd paragraph and page 15, line 6.
16. As concerns as "CT abbreviation" (Page 11, line 4 of the first version of the manuscript) I would like to clarify that we have added a paragraph on CT in the in "Diagnosis of biliary complications after OLT" section on the basis of another Reviewer's observation; in this section (page 6-7 of the edited revision) we have first inserted the full name followed by the abbreviation.
17. In my opinion there is no difference between the term "biliary-enteric" and the term "biliary-jejunal" in this setting since the anastomosis is generally performed between a jejunal loop and the common bile duct, and so these two terms can be indifferently used in the text.
18. As suggested by the Reviewer, we have corrected "MR cholangiography" with "MRC" at page 13, in line 5 and line 11, and at page 16, line 5.
19. As concerns as the References list, I have verified the DOI format of Reference 5 and I have seen that it is correct.
20. As suggested by the Reviewer, in the Figure legends I have added the full name of MIP (Maximum Intensity Projection) before every abbreviation.
21. In the Figure 5 legend we have indifferently used "stones" and "calculi" because in our opinion there is no substantial difference between these two terms. However, we have replaced the term "calculi" with "stones" in this Figure legend.
22. As suggested by the Reviewer, in the Figures we have added arrows in all the photos to indicate exactly the site referred to or described in the text.
23. As suggested by the Reviewer, in the Figures with "right and left panel" (Fig 3B, 5C, 5D and 5F) we have specified in the text (Figure legends) that they are images at different levels or reconstructions with different thicknesses or different projections images.
24. As suggested by the Reviewer, in the Figure 7 "the site of biliary-enteric anastomosis" has been pointed with a red arrow in the Figure 7B and has been specified in the text of Figure legend.
25. As concerns as the Figures I would like to clarify that all the used photographs are owned by the authors.

3 References and typesetting were corrected

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

Vieno Boraschi



Piero Boraschi, MD

2nd Unit of Radiology - Department of Diagnostic Radiology, Vascular and Interventional Radiology,  
and Nuclear Medicine

Pisa University Hospital

Via Paradisa 2, 56124 Pisa, Italy

Phone: +39-050-996782; Fax: +39-1782211474

E-mail: [p.boraschi@do.med.unipi.it](mailto:p.boraschi@do.med.unipi.it); [p.boraschi@gmail.com](mailto:p.boraschi@gmail.com)