

We are pleased to inform you that, after preview by the Editorial Office and peer review, as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 66113, Retrospective Study) basically meet the publishing requirements of the World Journal of Gastrointestinal Surgery. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision. Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based on the reviewers' comments, the quality of the revised manuscript, and the relevant documents. Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

Thank you for your careful review of my paper. I also thank you for your very useful comments. I have revised my paper in accordance with your comments.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: Thank you for the opportunity to review your manuscript. While the study included a relatively large number of sample size, the study lack significant on the clear jaundice and native liver survival between lap PE vs. open PE, that are the main focus of treatment of BA and have been systematically reviewed currently. Several suggestions are as follows: - Title might be revised since without any better clear jaundice and survival of native liver after Lap PE, it seems inappropriate title - One of concern for routine Lap PE for BA, longer operation time without any significant differences on above variables - The common cut-off level of clear jaundice is ≤ 2.0 mg%. - Results: Table 2 and Figure of survival are redundant, please combine or choose one of them. Kaplan-Meier is not table, but it is figure, please revise it accordingly - Discussion: please elaborate more on the needs of advanced lap skills to perform lap PE

I have changed the title as you suggested: "[Laparoscopic Kasai portoenterostomy can be a standard surgical procedure for the treatment of biliary atresia.](#)"

The LAP-PE operation was longer; however, bleeding was less extensive, the patients were able to start eating sooner, and the drains could be removed earlier. These results indicated

that the postoperative recovery would be faster even if the operation time was longer. Therefore, we thought that Lap-PE had some advantages.

As you pointed out, many authors use 2.0 mg as the cutoff bilirubin value for jaundice. I believe that the reference values for blood tests vary from facility to facility because of differences in measuring equipment and other factors. We adopted the value of 1.2 mg/mL because it is the reference value for the testing equipment at our facility.

Thank you for pointing out the redundancy of Table 2 and the figure depicting survival. I have replaced the figure with a survival rate chart.

The results of the surgery were compared according to the proficiency of the surgeons. The results showed that the qualified surgeons performed the operation in a shorter time than did the nonqualified surgeons, but the other outcomes were the same.

If surgical skills improve, the operation may become shorter. This statement has been added to the Results section, and the Discussion section has been revised accordingly.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Really interesting article. I have some questions and remarks to authors:

1. What happened to the patients who did recover without from the jaundice, did they proceed to liver transplantation and how long after the KASAI operation?

The time between Kasai surgery and transplantation was 156 days (range: 54-1889 days) for patients who underwent laparotomy and 127 days (range: 58-261 days) for those who underwent laparoscopy. We have added this information to the Results section.

2. Could you be more specific and describe in details the surgical procedure? More specifically: where are the port placement, did you verify the hepatic duct by intraoperative cholangiography, what type of suture material did you use for the procedure?

The following text has been added to the "Surgical Procedure" subsection in the Subjects and Methods section:

In laparoscopic surgery, the ports were placed as shown in Figure 1. Intraoperative cholangiography was performed in all cases, during both laparotomy and laparoscopy, to confirm the presence of bile ducts. We used 5-0 monofilament absorbable sutures for portoenterostomy in both open and laparoscopic surgeries.

3. You did not report about yours intraoperative and postoperative complications like cholangitis, billiary stenosis and others. It is good to be described in the article.

Thank you for your suggestion. We have added the following text to the Results section:

During the study period, no intraoperative complications occurred in either open or laparoscopic procedures. Nine (13.6%) patients who underwent laparotomy and six (11.3%) who underwent laparoscopy were readmitted for cholangitis within 3 months after surgery. Three patients underwent reoperation for bile stasis caused by adhesions of the Roux-en-Y anastomosis to the jejunum after laparotomy. Intestinal obstruction occurred after laparotomy in three patients and after laparoscopy in three patients. One patient underwent reoperation for anastomotic bleeding after laparoscopic surgery.

4. In your center what is the total number of liver transplantation after the Kasai operation and what is the medium period of time between the KASAI operation and liver transplantation.

The following sentence has been added to the Results section:

Forty-four patients underwent liver transplantation during the study period, some because of recurrent jaundice and some for other reasons. The median durations from the Kasai operation to liver transplantation were 156 days (range: 54-1889 days) for laparotomy, 249 days (range: 58-1479 days) for laparoscopy, and 204 days (range: 54-1889 days) overall.

5. How did you explain more detaily about "adhesion" benefits from lap Kasai?

The following sentence has been added to the Discussion.

In a previous study, because Lap-PE produced fewer adhesions, the time until completion of hepatectomy and the duration of hospital stay were significantly shorter for patients who underwent liver transplantation after Lap-PE than for those who had undergone Open-PE. Patients who underwent Lap-PE also tended to have less bleeding. These results suggested that Lap-PE before liver transplantation is advantageous.

Reviewer #3:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Rejection

Specific Comments to Authors: Thank you for this paper.

Abstract 1. line 8 - instead of complete release please change to 'complete resolution of jaundice'.
2. Please add data on reduced blood loss and reduced length of stay with p value
Introduction 1.
1st paragraph, Line 6 - please write this sentence 2. 2nd paragraph, 1st line - start the sentence as 'Studies'. Surgical procedure For it to read better, I suggest the paragraph starts as "A standard surgical protocol was followed. This involved

Thank you for letting me know. I have made these changes.

Results 1. Please provided medians and p values for all variables. 2. Instead of 'complete release' please change to 'complete resolution'. 3. Please include follow up data for the two groups

Thank you for pointing this out. I have made these corrections.

Discussion 1. Please start this section by highlighting your results and findings as opposed to discussing previous studies. In adds more weight to your study.

Thank you for this suggestion. I have made the correction.

Conclusion 1. again please removed the phrase ' complete release'.

Thank you again. I have made this correction.