

Dear Editor and Reviewers,

Please find attached a revised version of our manuscript entitled „ *Biliary obstruction following TIPS placement in a patient after liver transplantation: a case report and review of the literature* “ and below our response to your review. We would like to thank you for a very valuable revision. We have made all the changes suggested by the reviewers. We hope you will now find the manuscript suitable for the audience of your journal.

Yours sincerely,

Peter Macinga, MD, PhD

Tomas Hucl, MD, PhD

Reviewer #1:

Comment #1: Thank you for the opportunity to review this case report. The case report is very interesting of the diagnosis of SOS or VOD. The complication of biliary stricture after TIPs is also very rare. I have few comments as following; CC and history of illness, physical examination: please present liver size and liver histopathology (picture) that is compatible with SOS to convince the readers. How about the collateral vss at abdomen on physical examination?

Response: We thank the reviewer for the thoughtful comments. Liver size is now described in the Imaging examinations section and we provided histopathological images of the liver (Figure 2). No remarkable collateral abdominal vessels were noted on physical examination. We explicitly mention this now in the Physical examination section.

Comment #2: Laboratory examination: GGT not GMT. Please add total protein and albumin level.

Response: We corrected the abbreviation for gamma-glutamyl transferase and added total protein and albumin levels.

Comment #3: Discussion part: "SOS is also infrequently observed in liver transplant recipients (with an approximate prevalence of 2%), presumably as an immune-mediated condition related to rejection episodes or azathioprine therapy" please add IM patient received after LT, was it Aza? Please add ref after 2%.

Response: The patient was treated with a combination of tacrolimus, mycophenolate mofetil and corticosteroids. We added this information to the CC and history of present illness section. The statement about an approximate 2% prevalence of SOS in liver transplant recipients was supported by reference No. 9, which is cited in the following sentence. We thank the reviewer for the valuable

comment. We now understand that this was not clear in the original version and we quote the reference as suggested.

Reviewer #2:

Comment #1: Please describe the procedure for liver transplantation.

Response: Liver transplantation procedure is now described in the CC and history of present illness section.

Comment #2: Are all biliary strictures affected by TIPS?

Response: In this particular case, the right hepatic duct stricture was caused by a TIPS stent graft. This is well illustrated in Figure 8. The patient has no biliary strictures other than this.

Comment #3: Please mention the possibility of anastomotic stricture after transplantation.

Response: The first paragraph in the Discussion section is already dedicated to anastomotic strictures. We believe that the extent might be sufficient.

Science editor:

Comments: (1)It is recommended to describe the procedure for liver transplantation. (2)It is recommended to mention the possibility of anastomotic stricture after transplantation. (3)It is recommended to present liver size and liver histopathology pictures. (4)It is recommended to describe how about the collateral vss at abdomen on physical examination. (5)Laboratory examination: GMT should be changed to GGT. (6)It is recommended to add total protein and albumin level. (7)Discussion part: "SOS is also infrequently observed in liver transplant recipients (with an approximate prevalence of 2%), presumably as an immune-mediated condition related to rejection episodes or azathioprine therapy" please add IM patient received after LT.It is recommended to add ref after 2%.

Response: We addressed all the issues as requested.

Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Hepatology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. In order to respect and protect the author's intellectual property rights and prevent others from misappropriating figures without the author's authorization or abusing figures without indicating the

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Response: Thank you for your valuable time spent in analyzing our manuscript. All images used in the manuscript are original and created by the authors for the purposes of this publication. We will prepare figures in PPT files as requested.