Answers to reviewers;

Thank you very much for your valuable comments. We improved the manuscript based on your comments.

Reviewer 1:

Comment: Information regarding role minimal access surgery in BA and CDC need to be included.

Answer: Following paragraph was added in the treatment section of biliary atresia.

''The Kasai procedure is also performed laparoscopicaly. It is suggested that laparoscopic surgery has similar success with open surgery and better perioperative results such as fewer intraoperative blood transfusion and early initiation of postoperative oral feding. Laparoscopic Kasai procedure may reduce postoperative complications that necessitate re-laparotomy in LT such as bowel perforation, re-bleeding or portal vein reconstruction. ''

Following paragraph was added in the treatment section of choledochal cyts.

''The biliary tract surgery is a complex procedure. The common treatment option in choledochal cyts is the traditional open surgery technique. However, with the development of laparoscopic techniques in recent years, choledochal cysts have been treated laparoscopically in children. It has been suggested that laparoscopic cyst excision and Roux-en-Y hepaticojejunostomy in children provide better intraoperative and postoperative results compared to open surgery.''

Thank you very much for your valuable comments.

Reviewer 2:

Comment 1: To add pathological features of atresia in details.

Answer: Following paragraph was added in the treatment section of biliary atresia.

''Among the histopathological findings of BA are duct/ductular bile plugs, ductular reaction and bile duct proliferation, portal stromal edema, marked portal fibrosis, pseudorosette formation, peribiliary neutrophilic infiltrates, and interlobular bile duct injury (Figure 1-3). Giant cell transformation may be observed in BA, but not as intense as in neonatal hepatitis [57]. In a multicenter study, pathologists concluded that duct/ductal bile plugs and portal stromal edema were the strongest independent histologic predictors of obstruction [22].''

Comment 2: To add few characteristics images of liver biopsy in atresia.

Answer: We added three figures (Figure 1-3) about the features of biliary atresia.

Comment 3: Few lines on extended Kasai procedure.

Answer:

Following paragraph was added in the treatment section of biliary atresia.

''In the original Kasai portoenterostomy, fibrous biliary remnants from the hepatic hilum are resected and a jejunal anastomosis is performed. Over time there have been several modifications to this technique. In the ''extended Kasai portoenterostomy'' technique, a deeper and longer incision is made in the portal hilus to the bifurcation of the portal vein. The rationale for this technique is that ducts may be present along the entire line and therefore this entire area should be included in the hepaticojejunostomy. It is suggested that the success of the extended Kasai portoenterostomy is increased compared to the traditional technique [72]. The Kasai procedure is also performed laparoscopicaly. It is suggested that laparoscopic surgery has similar success with open surgery and better perioperative results such as fewer intraoperative blood transfusion and early initiation of postoperative oral feeding [73]. Laparoscopic Kasai procedure may reduce postoperative complications

that necessitate re-laparotomy in LT such as bowel perforation, re-bleeding or portal vein reconstruction [74].''

Comment 4: Also to add some literature on pediatric liver transplantation in atresia.

Answer: Following paragraph was added in the liver transplantation section of biliary atresia.

''In general, LT success is high in patients with BA. In a large study including 1818 children who underwent LT for BA, one and 5-year patient survivals for patients tranplanted younger than 2 years and older than two years were, 95.2%, 93.8%, and 97.8 %, 97.1%, respectively [89].''

Thank you very much for your valuable comments.