

Dera editorial board of WJH

Thanks for kind revision of the manuscript entitled” **Intensive Care Unit Readmission in Adult Egyptian Patients Undergoing Living Donor Liver Transplant: A Single-Centre Retrospective Cohort Study**”

ID:

Here is point by point reply to reviewer’s comment

**Reviewer #1:**

**Scientific Quality:** Grade C (Good)

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

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** The authors present a retrospective study to identify impact and risk factors of ICU re-admission after living donor liver transplant on mortality and other outcomes. Overall, the study is well done with sound statistical plan. The authors have described their findings appropriately with appropriate use of figures and tables. English Grammer needs to improve and redundancy needs to be removed. Otherwise the manuscript is satisfactory.

Response: language polishing and English Grammar are done and attached language editing certificate

**Reviewer #2:**

**Scientific Quality:** Grade A (Excellent)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** This is a retrospective clinical study on the living donor liver transplant recipients. The study aims to find out the rate and main reasons for ICU readmission in this group. Despite it being a

single center analysis the manuscript has some merits and deserves to be published. Below are a few points, if cleared can strengthen the manuscript:

- 1- At the section entitled "Study Procedure" the last paragraph explains the outcomes of the study. I understand that the primary outcome is to calculate the incidence of ICU readmission rate. However, the following sentence explaining the secondary outcome is not clear and combines several domains which are not specifically related to each other. This paragraph regarding study outcomes should be clarified.

**Response:** The paragraph is revised and rephrasing was done

- 2- If as explained in the materials and methods section the "readmission" is defined as ICU readmission within 3 months of initial ICU discharge, then the patient with the shortest follow-up duration in the study must be at least 3 months. However, the results section mentions patients had a median duration of 40 months ranging from 1 month to 136 months. Maybe ones with one month long follow up will be readmitted to the ICU at the second month. The patients with a follow up duration less than 3 months should be removed from the study or the definition of ICU readmission should be changed.

**Response:** Definition is revised and corrected, ICU readmission is define as : readmission after the initial discharge from ICU postoperative within  $\leq 3$  months including any admission even in the first month

- 3- In Table 1 while depicting the causes of ICU readmissions one cause caught my attention. "Retransplant". I believe these two patients require a more detailed explanation. Why did these patients require a retransplant after a Living donor liver transplant? What were the causes of graft failure in these cases. Further information should be added to the table.

**Response:** Re-transplantation was needed for 2 cases .Re-transplantation for graft failure due to hepatic artery thrombosis in 1 case and small for size in the other case

- 4- For living liver donor, please explain how a 16 year old was accepted. unwer what conditions? According to most legislations adulthood starts at the age of 18.

**Response:** Corrected in the text ( range 18-48).donors are accepted from 18-50 years according to Egyptian ministry of health and legislations no donor are accepted below 18 years old (highlighted in table 2)

- 5- In Table 3 I cannot see the standard deviations for variables such as the waiting time, cold ischemia time and required packed red blood cells.

**Response:** for variables such as the waiting time, cold ischemia time and required packed red blood cells values are expressed Median [IQR] (Range) .For data that did not follow normal distribution, median and interquartile range (IQR; expressed as 25<sup>th</sup>-75<sup>th</sup> percentiles) were calculated, and Mann-Whitney test was used to compare between the two groups.

- 6- The last sentences in the results section are about ICU readmitted patiens, the sentence before the last one need a correction.

**Response:** corrected

- 7- At the discussion section authors highlight the fact that in their cohort 1.7% of total cases were readmitted due to biliary complications. However, I cannot see biliary complications listed in Table 1 as a cause of readmission.

**Response:** corrected, sepsis due to biliary complications were reported among the causes for hospital readmission (1.6% of total cases) in our cohort.

- 8- Overall, the discussion is lengthy, wordy and long. Should be more focused and shortened.

**Response:** revised and edited

**Reviewer #3:**

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** In this study, authors have retrospectively studied 299 post-LDLT patients to identify the incidence, causes, and outcomes of ICU readmission. Authors' identified older recipient's age and longer length of initial hospital stay to be significant independent risk factors for ICU readmission. Overall, it is a well written article. I have only few comments to make.

-In the ICU-readmission group, the initial length of stay was just 3 days, compared to 22 days in the non-ICU readmission group (table 4). This big disparity appears to me to be a little off-putting. Because hospital discharge is normally based on a set of characteristics, the authors should explain why the discrepancy was so large.

**Response:** "the initial hospital stay" here means the word admission before ICU readmission this may be conflicting so we replaced it in table 4 with "word admission before icu readmission" as most of these patients didnt stay in word and shortly readmitted to icu

-Over a ten-year period, the study was extended. There must have been some refinement in surgical technique, post-operative care, and immune suppression which may have impacted the re-admission rates. -Was there any difference in the pre-operative conditions of the patients, such as liver failure, sepsis, AKI, advanced encephalopathy, and so on?

**Response:** I agree that refinement in surgical technique, post-operative care, and immune suppression protocols are continuously being done; however we didn't study the preoperative conditions on postoperative icu readmission in the current study

How many patients in the transplanted groups had acute or acute-on-chronic liver failure?

**Response: No patients in the current study had ALF**

*Science editor*

The authors present a retrospective study to identify the impact and risk factors of ICU re-admission after living donor liver transplant on mortality and other outcomes. Overall, the study is well done with a sound statistical plan. This article can be accepted if it completes the following modifications:

1 English Grammar needs to improve; 2 redundancy needs to be removed, especially the discussion section; 3 Some words in this paper are ambiguous and need to be modified according to the comments of reviewers; 4 Answer some reviewer questions about the content of the article 5 please provide documents following the requirements in the journal's Guidelines for manuscript type and related ethics: (1) Institutional Review Board Approval Form or Document ; (2) Signed Informed Consent Form(s) or Document(s) ; (3) CONSORT 2010 Statement.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

**Response: English language editing and grammar editing were done and the certificate is also attached**

*Company editor-in-chief:*

I have reviewed the Peer-Review Report, the 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. Before its final acceptance, please upload the primary version (PDF) of the Institutional Review Board's official approval in official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc.

Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". 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 source, we will indicate the author's copyright for figures originally generated by the author, and if the author has used a figure published elsewhere or that is copyrighted, the author needs to be authorized by the previous publisher or the copyright holder and/or indicate the reference source and copyrights. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

Regards

Iman Montasseer

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