

## ANSWERING REVIEWERS

January 22, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: Manuscript with revision NO 7143-edited.doc).

**Title: Liver Regeneration after liver resection: clinical aspects and correlation with infective complications**

**Author:** Pagano Duilio, Spada Marco, Parikh Vishal, Tuzzolino Fabio, Cintorino Davide, Maruzzelli Luigi, Vizzini Giovanni, Luca Angelo, Mularoni Alessandra, Grossi Paolo, Gridelli Bruno, Gruttadauria Salvatore.

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

**ESPS Manuscript NO:** 7143

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated as suggested and we have highlighted the changes made to the manuscript according to the peer-reviewers' comments

2 Revision has been made according to the suggestions of the reviewer

- (1) 1) The article investigated the clinical aspects correlation with infective complications of liver regeneration after liver resection. The results indicated that all the preoperative variables the only statistically significant predictors of early liver regeneration were smaller FRLV, smaller BMI and greater spleen volume (SV)/FRLV ratio. The results didn't show the any crucial role of Healthcare-associated infections (HAIs) or surgical complications on early liver regeneration after resection for hepatic tumors. 2) The article is important guidance to clinicians who know about the clinical aspects correlation with infective complications of liver regeneration after liver resection. But the correlation with infective complications of liver regeneration after liver resection need further research by means of multicenter and a large number of clinical cases.
- (1) I assume that the author's aim and goal is logical and the manuscript has a potential to have useful information, however it has fundamental errors in way of writing. For example, they should state "Materials and Methods" section rather than "Patients Population" and move most of the information they got from the analysis to the "result" section which is currently very poorly written. Also the sequence of the tables and figures are not appropriate and it is difficult to understand these data, since the readers should go and back the tables like 1, 2, 3, 1, 4, 2, 6, 2.... when read through the manuscript. The table and figure legends are

also poorly written which just have titles without descriptions now. Therefore, this manuscript requires heavy editing.

- Page 7, Row 1: We have entitled the “Materials and Methods” section rather than “Patients Population” section
- Page 7, Row 7: The sequence of the tables was modified for encouraging the intelligibility of these data and the manuscript readability.
- Page 8, Row 10: We have moved this sentence for description of table 1: “Steatosis was measured using the Hounsfield units of the liver from a basal CT scan, and using the spleen Hounsfield unit as a reference value. Portal hypertension was measured indirectly by measuring the diameter of the common portal vein on portal venous phase images.”
- Page 9, Row 2: We have moved this sentence for description of table 1: “Of the 27 patients, 13 had an extended right hepatectomy, 5 a right hepatectomy, 8 a left hepatectomy, and 1 a left lobectomy. ”
- We have moved the following sentences from the analysis to the “result” section, for enriching it: “Based on preliminary analysis, and solely for exploratory purposes, a regeneration  $\geq 100\%$  was used as a cutoff to divide all 27 patients into two groups: major regeneration (10 patients, 37%) and minor regeneration (17 patients, 63%). Moreover, because the Vauthey formula was used for establishing minimal FRLV, we considered 100% regeneration of FRLV in the early postoperative period a more than acceptable result. Generalized linear regression analysis, adjusted for follow-up time, found that among all the preoperative variables the only statistically significant predictors of early liver regeneration were smaller FRLV (-0.0023;  $P < 0.001$ ), smaller BMI (-0.1155,  $P < 0.001$ ), and greater spleen volume (SV)/FRLV ratio (0.4999;  $P = 0.016$ ) (Table 3).”
- We have modified the table and figure legends with descriptions and the table 3 of the previous draft was removed for avoiding redundant information.

3 References and typesetting were corrected

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

Sincerely yours,



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