

Name of Journal: *World Journal of Transplantation*

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Letter to reviewers

POINT by POINT response to criticism of reviewers

Reviewers' comments:

1ST REVIEWER 1 COMMENT: The authors have presented their initial experience with the use of Permacol mesh in transplanted patients. The overall experience with the use of biological meshes in transplanted patients is rather limited and there are no many articles in the literature.

The number of patients presented in this article is small and their incisional hernias are quite different. This should be highlighted. The same mesh is used for different incisional hernia.

1ST REVIEWER 1 COMMENT: Different figures are repeating the same message therefore I suggest removing figures 1, 2a and 3.

Author response: We agree with the reviewer suggestion and we removed the figures.

1ST REVIEWER 2 COMMENT: The reference list should be complemented with the following articles Schaffellner S, Sereinigg M, Wagner D, et al. Ventral incisional hernia (VIH) repair after liver transplantation (OLT) with a biological mesh: experience in 3 cases. *Z Gastroenterol.* 2016 May;54(5):421-425.

Cuomo R, Nisi G, Grimaldi L, Brandi C, Sisti A, D'Aniello C. Immunosuppression and Abdominal Wall Defects: Use of Autologous Dermis. *In Vivo.* 2015 Nov-Dec;29(6):753-5.

Tiengo C, Giatsidis G, Azzena B. Fascia lata allografts as biological mesh in abdominal wall repair: preliminary outcomes from a retrospective case series. *Plast Reconstr Surg.*

2013 Oct;132(4):631e-639e. and the articles should be mentioned/commented in discussion section.

Author response: According to the reviewer we added the suggested references and discussed into the manuscript

Reviewer 2

2 REVIEWER 1 COMMENT: This is a fine study article, however, I have some suggestions for improvement: In general I think the article is too long. I would suggest shortening it a little; I found several statements not followed by a reference. I think this is acceptable for some, generally accepted statements, but unacceptable when the statement is controversial or directly in disagreement with published literature.

Author response: We thanks the reviewer for his/her comment. According to the suggestion we had cancelled some parts to avoid a too long manuscript.

3 REVIEWER 1 COMMENT: -Methods section: " descriptive data are given on the number of liver transplants the unit has performed over the given time period, however no data on heart transplants given (the authors descriptive a case of incisional hernia following a heart transplant".

Author response: The Heart Transplant was referred to us for the incisional abdominal hernia. Heart transplant are performed by on other unit in our Institution and we do not reported the number of heart transplant for this reason.

3 REVIEWER 2 COMMENT:-Methods section:"1 case of periombelical hernia" - grammar needs correcting

Author response: We correct the pitfall with "**paraombelical**"

3 REVIEWER 3 COMMENT:-Results section/Case 1: "excellent functional results"- please elaborate on how you got to that conclusion

Author response: We review all the case presentation and removed the sentence in case 1.

3 REVIEWER 4 COMMENT: - Results section/Case 3: the authors do not give any description of the defect size

Author response: We added the detail of defect size for case 3.

3 REVIEWER 5 COMMENT:-Results section/Case 4: In the November 2015....- grammar needs correcting

Author response: We corrected the sentence.

3 REVIEWER 6 COMMENT:- Results section/Case 4: "Postoperative course was characterised by mild respiratory distress" - can the authors provide more details

Author response: As requested by the reviewer we added into the case presentation: "Postoperative course was characterized by a respiratory distress (classified as Dindo-Clavien Grade II) resolved in post-operative day 3."

3 REVIEWER 7 COMMENT: -Discussion (page 6): Sentence starting: In literature no prospective studies on the ideal technique....., grammar needs correcting.

Author response: We corrected the sentence.

3 REVIEWER 8 COMMENT: - Can the authors provide with details of their follow up policy following incisional hernia repair? How do they define no evidence of recurrence? (Radiological or clinical findings?)

Author response: All transplanted patients are follow each 6 months after the first year of transplantation. Every year almost one radiological exam is performed. Recurrence was first define with clinical findings.

3 REVIEWER 9 COMMENT: -Can the authors provide their institutional policy on the use of immunosuppressants in this patient subgroup. Do they have a standard policy?

Author response: When the OLT indication was HCC we used an immunosuppressive regimen with steroids, once-a-day tacrolimus and everolimus.

3 REVIEWER 10 COMMENT: -Can the authors provide in the methodology section their pre-operative/post-operative antibiotic policy for these patients?

Author response: We added into the material and methods: "In our practice we used a third generation of cephalosporin until the tube-drain removal."

4 REVIEWER 1 COMMENT: The reference number 14th and 16th are the same, AmJ Surg 2013;205(1):85-101. needs to be fixed!! I highly recommend that the authors should update their references with more recent ones and try to cover all related articles - permacol and transplant

Author response: We removed one of the two references and added more recent references according with the reviewer suggestion.