



June 21 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 11487-edited.doc).

**Title: Haemostatic management for aortic valve replacement in a patient with advanced liver disease**

**Authors:** Laurence Weinberg, Irene Kearsey, Clarrisa Tjoakarfa, George Matalanis, Saun Galvin, Scott Carson, Rinaldo Bellomo, Larry McNicol, Peter McCall

**Name of Journal:** *World Journal of Clinical cases*

**ESPS Manuscript NO:** 11487

I would like to thank the reviewers for their valuable time provided and constructive and insightful comments.

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

1. **Reviewers comment:** "Add in the Child-Turcotte-Pugh class and/or MELD score of this patient"

Authors reply: This has been added into the first paragraph of the case report. The Child Pugh Score is 8 (Child Class B), and the Model for End-Stage Liver Disease Score is 10.

2. **Reviewers comment:** "Add in the Child-Turcotte-Pugh class and/or MELD score of this patient"

Authors reply: This has been added into the first paragraph of the case report. The Child Pugh Score is 8 (Child Class B), and the Model for End-Stage Liver Disease Score is 10.

3. **Reviewers comment:** "In the discussion it would be useful to add data of mortality and most common post-operative complications reported in literature"

Authors reply: This has been added into the discussion section. The following paragraph has now been included"

"In two descriptive reports of outcomes in patients with advanced liver cirrhosis undergoing cardiac surgery<sup>[3,4]</sup>, hepatic decompensation, respiratory and renal failure, gastrointestinal haemorrhagic events, sepsis and mediastinitis were among the most common postoperative complications. The association of MELD scores and Child-Turcotte-Pugh classification, and adverse outcomes is less clear. In the study by Filsoufi<sup>[4]</sup>, mortality rate increased significantly according to the Child-Turcotte-Pugh classification (class A, 10%; B, 18%; and C, 67%). The reported mortality of redo cardiac surgery was approximately 50%<sup>[3]</sup>. Similarly, the rate of complications was higher in class B (50%) and C (100%) compared to class A (20%). Suman et al. reported that a cutoff Child-Pugh score >7 had a sensitivity and specificity of 86% and 92% for mortality<sup>[5]</sup>, although there was no association between mortality and MELD scores. In contrast, Morimoto et al. reported that Child-Pugh class score did not correlate with hospital mortality<sup>[3]</sup>, although MELD score was significantly higher in patients who died immediately post cardiac surgery.

Authors reply: Additional references suggested by the reviewer have now been included.

- 4. References have been updated to reflect the additional information requested by the reviewer**
- 5. Typesetting has been corrected**
- 6. The manuscript has been rechecked and minor spelling errors have been corrected.**

Thank you again for considering our manuscript for publication in publishing our manuscript in the *World Journal of Clinical cases*

Sincerely yours,

A handwritten signature in black ink that reads "A. Weinberg". The signature is written in a cursive style with a horizontal line underneath the name.

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