

Editors-in-Chief of World Journal of Gastroenterology

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Dear Editors-in Chief,

We would like to thank the editor and reviewer(s) for their thoughtful reviews and appreciate truly their time and efforts on our manuscript (ESPS Manuscript NO: 18949). Based on Science Editor's and reviewers' advice and suggestion, we have revised the manuscript and are re-submitting this manuscript to be considered for publication in **World Journal of Gastroenterology**.

We thank you for considering our manuscript for publication in **World Journal of Gastroenterology**. We look forward to hearing from you.

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Sincerely

Young-Kug Kim

To Science Editor

“Table: No parts. Make Table 1A and Table 1B into Tables 1 and 2, or combine into one table. No graphics, boxes, or embedded tables. Please provide Word (preferred), Excel format. Tables must be primarily cell-based and fully editable.”

Response: Table 1 is a long table. Therefore it made you confused. We divided Table 1 in two separate pages (Table 1 and Table 1 (*continued*)). We provided Table 1 as Word format and it was fully editable.

To Reviewer No. 3252959

Comments to authors

“The continuous development of surgical and of anesthetic strategies to decrease the risks of living donation is of paramount importance to guarantee safety of healthy living donors. In adult living-donor liver transplantation, donor hepatectomy may be associated with blood loss, transfusions, and subsequent post-operative morbidity, with anecdotal cases of post-operative mortality. Limits of the low central venous pressure (CVP) technique in healthy donors undergoing hepatectomy, especially in predicting intraoperative blood loss, are reviewed. Stroke volume variation (SVV) is a simple and useful index for fluid responsiveness and preload status in different clinical situations, and has been successfully used by the authors to predict blood loss during living-donor right hepatectomy. To overcome the limits of CVP-guided fluid management in living donor hepatectomy, an algorithm of SVV-guided fluid management to prevent or at least limit blood loss, and the related morbidity, is proposed. A brief review on the type of fluids to be used intraoperatively, both crystalloid and colloid solutions, is also presented. Excellent review to support the anesthetic strategies in living-donor liver transplantation from an authoritative groups of anesthesiologists to be considered for priority publishing.”

Response: We really appreciate your interest and encouragement. Your interest inspires us to further efforts. Thank you again.