

Dear editor and reviewers,

The authors of *Hepatic artery stenosis angioplasty and implantation of Wingspan neurovascular stent: A case report and discussion of stenting in tortuous vessels* would like to thank the editor and the reviewers for their attentive reading of our manuscript. We are grateful for your detailed comments and your insightful suggestions. The authors have significantly revised the manuscript to address your input. Below please find point-by-point responses to each of your comments. With your help, we were able to improve readability and fit of our manuscript to your journal. We are confident that these revisions have significantly improved our manuscript such that it is ready for publication.

Reviewer #1:

1. Was the hepatic artery approached. From above or from the groin? What kind of introducer was used
 - Response: For both endovascular procedures, access to the arterial system was obtained through the right common femoral artery. The introducer was a 7Fr RDC sheath (Terumo, Somerset, NJ) in both cases. All details regarding access and introducer devices have been added on Page 2 lines 75-92.
2. How was the patient heparinized
 - Response: During the second procedure, the patient received 3000u of IV Heparin. Additional information regarding intra and post-procedure anticoagulation has been added (Page 2 lines 82, 101)

Reviewer #2:

1. Page1 Line44 The current application of new neurovascular stents in OLT induced HAS should be summarized
 - Response: The authors have added a summary of current application of neurovascular devices for visceral aneurysms and stenotic vessels (page 1 lines 43-50 and page 4 lines 163-167).
2. Page2 Line84-90 Since Wingspan stent may be maneuverable and conformable while also exerting adequate radial force for tortuous HAS, more details should be described during this operation
 - Response: Technical details regarding the handling and use of the described equipment has been added for clarification and conciseness. (Page 2 lines 77-93).
3. Figure2-4 Figure legends should be more clearly and uniform stating the date after OLT and after stenting
 - Response: Figure legends 2-4 have been revised for clarity and uniformity and dates added to reflect days post-transplant and days post-stenting.
4. I suggest a comparison of CT angiogram (CTA), doppler ultrasound and angiography simultaneously for three time points: before OLT, 90 days after OLT (PTA) and 100 days after OLT (stenting) in the figures
 - Response: We would like to thank the reviewer for their suggestions to include comparison imaging at 3 different time points which would help to demonstrate the effect of the treatment described. The authors have included all available imaging including CT angiography, doppler ultrasound (DUS), and angiography at the timepoints pre and post

intervention to demonstrate the effect of intervention. Figure 2A-B shows CTA at 2 time points to demonstrate possible imaging correlation to the deteriorating clinical presentation of the patient and worsening LFTs. Figure 3 shows DUS at timepoints pre and post-intervention to demonstrate resolution of hepatic artery stenosis following plasty and stenting. Figure 2C-D and Figure 4 show angiography performed at the time of endovascular treatment of the hepatic artery stenosis. Regrettably CTA, DUS, or angiography was not performed prior to OLT and it cannot be included here. The authors have emphasized the use of DUS for monitoring of patency in the follow up period (page 4 lines 176-178).

5. Please polish the language.

- Response: The manuscript has been additionally proofread and edited to improve readability and clarity.