

Format for ANSWERING REVIEWERS



October 3, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5339-review.doc).

Title: Liver function impairment in liver transplantation and after extended hepatectomy

Author: Matteo Serenari MD; Matteo Cescon MD, PhD; Alessandro Cucchetti MD and Antonio Daniele Pinna MD, PhD

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5339

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

1 Format has been updated

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

- 1) Reviewer no. 00054369 (*Nice review. Congratulations! There are several typos that need attention*): we corrected some typos that were present in the text. The article was reviewed by a native english speaker (Ms Susan West; <http://www.aranchodoc.com/it>).
- 2) Reviewer no. 00003940 (*This is a well written review of the complex issue of small for size syndrome after liver transplantation. There are many factors which are important in the development of this syndrome including graft denervation, immunosuppressive therapy and severity of ischemia-reperfusion injury There are many different management protocols that are reviewed including interventions such as portal vein embolization and ensuring the venous output is adequate. They review the possibility of using stem cells. They indicate that the portal and hepatic venous pressures should be measured during the procedure to ensure that there are no vascular problems that can be corrected*): we tried to elucidate the small for size syndrome in all its aspects but focusing more on the hemodynamic changes occurring as a result of the graft size or the residual liver volume after hepatectomy. Possible solutions of the problem were described in detail.
- 3) Reviewer no. 00041966 (*This review is focused on an important topic in liver surgery: liver failure occurring after major hepatectomy or transplanted reduced-size graft. The Authors discuss one of the principal mechanism involved, high portal flow, and the possible solutions to overcome this problem. Here are my comments: TITLE: SFSS and PHLF, though similar, have at present, different definitions and refer to 2 different clinical situations, therefore it is not correct to group them together under the term SFSS. I would suggest to insert both the definition or to use a more generic one such as "liver function impairment". TEXT: There are too many abbreviations that subtract fluidity to the text. There is no need to include all these abbreviations if they are employed only once or twice. (as an example: ISGLS; GIM, HIDA, ALPPS...). Moreover definition of the abbreviation should be provided the first time it appears on the text (ex: GRWR pg 4, ICU pg 7)*): we agree with the reviewer that SFSS and PHLF are two distinct definitions and more precisely, SFSS is referred to LT and PHLF to extended hepatectomy, with size as the common denominator. Thus, we changed the title in a new one and we described separately the two clinical situations. Furthermore, we eliminated some abbreviations, in particular if they were present only once or twice in the text and provided the first time when they appeared.

3 References and typesetting were corrected: we added 15 references more but no others were included because they were not strictly pertinent to the topic.

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

Sincerely yours,

A handwritten signature in black ink, appearing to read 'A. Cucchetti'.

Alessandro Cucchetti, MD,
Policlinico Sant'Orsola-Malpighi,
University of Bologna, Via Massarenti, 9;
40138 Bologna; ITALY.
e-mail: aleqko@libero.it