

27th of July 2020

Dear Editor,

Thank you for your comments on our manuscript.

Title: Laparoscopic Left Lateral segmentectomy in Pediatric Living Donor Liver Transplantation by Single-port Approach: First Case Report

Author: Hongyu Li, Lin Wei, Zhijun Zhu, Zhigui Zeng, Wei Qu

World Journal of Clinical Cases Manuscript NO: 57478

The manuscript has been improved according to the suggestions of reviewers

Revision has been made according to the suggestions of the reviewer

For the suggestions of Reviewer #3:

Specific Comments to Authors: This is a manuscript about a clinical case of pediatric liver transplantation with living donor in which the left lateral sectionectomy (L-LLS) liver graft has been obtained through a single-port laparoscopic approach. As this is the first case in the literature using this procedure, we believe that from a technical point of view it represents an important advance in liver transplantation. The authors reflect in the discussion that this approach has a better view of the surgical field than when practiced with multiple ports. It is evident that we must congratulate the authors for having developed a high degree of expertise in this surgery, with excellent results. My prudence in relation to this technique in my opinion is that its application is limited to surgeons who are very expert with the single port, and with liver surgery. On the other hand, in many cultures the priority of a small surgical wound is not relevant in the context of a living donor hepatectomy. In addition to the difficulties in performing single-port triangulation in liver surgery, we should also note that in the experience of single-port laparoscopic abdominal surgery one of the most important criticisms compared to multiple ports is the higher incidence of eventrations

Response:

Reviewer mentioned that "The authors reflect in the discussion that this approach has a better view of the surgical field than when practiced with multiple ports." Basically, due to "chopstick effect", single-port laparoscopic hepatectomy is considered more difficult when compared to traditional multi-port laparoscopic hepatectomy. According to a technical feature of the surgical intervention of "caudal" approach, L-LLS should be a good indication for single-port approach. The parenchymal division can be completed "bottom-up" to the hepatic venous entry after liver mobilization and vessel dissection by this way. Actually, in the discussion section, we mentioned that single-port L-LLS could be performed more easily and safely without the help of articulation of traditional laparoscopic instruments from the transumbilical incision **in comparing L-LLS to right hemi-hepatectomy or posterosuperior sectionectomy**. This did not mean that single-port L-LLS was better than multiple ports. This demonstrated that L-LLS by single-port approach was feasible and safe in selected donor and the donor might have one more choice when performing L-LLS.

Reviewer mentioned that in many cultures the priority of a small surgical wound is not relevant in the context of a living donor hepatectomy. We deeply agree that donor safety is the priority in living donor liver transplant. As a result, **strict selection criteria** were adopted in this procedure: 1) a thin donor who would make it easier to get a better exposure and easier dissection of hepatic hilum during laparoscopy; 2) shared artery trunk of the middle and left hepatic artery, while the right hepatic artery derived from superior mesenteric artery, which would make it easier to be dissected and preserved; 3) no anatomic variation in left bile duct, portal vein and hepatic vein. For suitable donors, on the premise of donor safety, single-port L-LLS might benefit donors, especially for young female donors (cosmetic advantage).

Reviewer mentioned that in the experience of single-port laparoscopic abdominal surgery one of the most important criticisms compared to multiple ports is the higher incidence of eventrations. Like the first introduce of L-LLS by multiple ports in PLDLT which now has been acknowledged as a standard surgery, we believe single-port L-LLS can be performed more widely in living graft procurement as the clinical practice experience gained. And a convert to multiple ports approach can be easily reached when eventrations such as intraoperative bleeding happened. As a result, we think single-port L-LLS is feasible in PLDLT in experienced transplant center.

(1) Science editor: 1 Scientific quality: The manuscript describes a case report of the laparoscopic left lateral segmentectomy in pediatric living donor liver transplantation by single-port approach. The topic is within the scope of the WJCC. (1) Classification: Grade A, Grade B, and Grade C; (2) Summary of the Peer-Review Report: As this is the first case in the literature using this procedure, we believe that from a technical point of view it represents an important advance in liver transplantation. The authors reflect in the discussion that this approach has a better view of the surgical field than when practiced with multiple ports. The questions raised by the reviewers should be answered; and (3) Format: There are 4 figures. A total of 16 references are cited, including 7 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade A and two Grades B. A language editing certificate issued by Medica Communicus Asia was provided. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, and the written informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by the Capital Research Project of Specialty Clinical Application. The topic has not previously been published in the WJCC. 5 Issues raised: (1) The "Author Contributions" section is missing. Please provide the author contributions; (2) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); (3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; and (5) The similarity index of the manuscript by CrossCheck is little high (20%). Please Check and revise the manuscript according to the CrossCheck report. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

Response:

Scientific quality:

(1) Classification: Grade A, Grade B, and Grade C: no response.

(2) Summary of the Peer-Review Report: As this is the first case in the literature using this procedure, we believe that from a technical point of view it represents an important advance in liver transplantation. The authors reflect in the discussion that this approach has a better view of the surgical field than when practiced with multiple ports. The questions raised by the reviewers should be answered: Answered.

2 Language evaluation:

Classification: Grade A and two Grades B. A language editing certificate issued by Medica Communicus Asia was provided: no response.

3 Academic norms and rules: no response.

4 Supplementary comments: no response.

5 Issues raised:

(1) The "Author Contributions" section is missing. Please provide the author contributions: added in the "title page".

(2) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s): uploaded.

(3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor: revised according to the requirement and uploaded.

(4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout: revised.

(5) The similarity index of the manuscript by CrossCheck is little high (20%). Please Check and revise the manuscript according to the CrossCheck report: revised by MedE 麦迪文编辑 (<http://meditorexper.com/lcmskooV1/Index.aspx>) and the certification has been uploaded.

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Sincerely yours,

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