
Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office

Baishideng Publishing Group Inc

Date: 1-5-2021

Title: Neonatal Biliary Atresia Combined with Predoduodenal Portal Vein: A case report

Dear Lian-Sheng Ma, Company Editor-in-Chief,

Thank you for the timely review of our manuscript.

We have attached our point-by-point responses to the reviewers' suggestions and have also responded to the reviewers' comments in the text by using the 'track changes' function in the 'revised revision'.

This manuscript has been edited and proofread by Medjaden Bioscience Limited.

We hope that the revised manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

Best regards!

Sincerely yours,

Response to the reviewers' comments

Reviewer 1

Specific Comments to Authors: The case report is very interesting, I have the following comments:

1. All abbreviations need revision; please remove all abbreviations from the abstract as possible also,

explain any abbreviations.

Response 1: Thank you for your valuable comments. We have removed all abbreviations from the Abstract section and have explained all abbreviations in the main text.

2. Please summarize the surgical data and remove the unnecessary details.

Response 2: Thank you for your valuable suggestion. We have summarized the surgical data and have removed the unnecessary details (Page 3, line 20 and page 4, line 4)

3. The English of the manuscript needs revision. There are many grammatical and syntax errors in the manuscript e.g., lift the jejunum from the umbilical incision about 15cm away from the the ligament of Traitz.

Response 3: Thank you for your valuable suggestions. We have revised the manuscript and have corrected the language errors in the paper. The manuscript has been edited and proofread by Medjaden Bioscience Limited to improve its readability.

Reviewer 2

Specific Comments to Authors: Although this case is rare, the association between neonatal biliary atresia and preduodenal portal vein has not been clarified in this paper. You need to consider these relationships in detail in the text.

Response: Thank you for your insightful comments and suggestions. We agree with you that the relationship between neonatal biliary atresia and preduodenal portal vein should be considered in depth. In this study, the baby developed yellowing of the facial skin, which progressively aggravated, and the skin over the trunk region also turned yellowish, and it progressed further. The child was admitted to the neonatology department with the diagnosis of "newborn jaundice" in the outpatient clinic. Further investigation showed that the liver function was disrupted due to biliary obstruction. Intraoperative cholangiography showed that the intrahepatic bile duct was visualized by percutaneous puncture catheter-based injection of the contrast agent, but the biliary tract system was not clearly visualized, the duodenum was

not visualized, and there was no contrast agent in the abdominal cavity. The intestinal loops were filled with gas and were dilated. On laparoscopic exploration, the portal vein was located at the anterior edge of the duodenum. On exploring the gallbladder, it was found that the gallbladder was poorly developed and had the shape of a cord. Based on the above findings, postoperative diagnoses of congenital biliary atresia and PD-PV were established. After surgical treatment combined with drug therapy and other comprehensive treatments, the child's symptoms were gradually relieved and then she was discharged.

Science Editor

(2) Summary of the Peer-Review Report: The authors found a very interesting and rare case. However, the association between neonatal biliary atresia and preduodenal portal vein has not been clarified.

Response: Thank you for your insightful comments and suggestions. We agree with you that the relationship between neonatal biliary atresia and preduodenal portal vein should be considered in depth. In this study, the baby developed yellowing of the facial skin, which progressively aggravated, and the skin over the trunk region also turned yellowish, and it progressed further. The child was admitted to the neonatology department with the diagnosis of "newborn jaundice" in the outpatient clinic. Further investigation showed that the liver function was disrupted due to biliary obstruction. Intraoperative cholangiography showed that the intrahepatic bile duct was visualized by percutaneous puncture catheter-based injection of the contrast agent, but the biliary tract system was not clearly visualized, the duodenum was not visualized, and there was no contrast agent in the abdominal cavity. The intestinal loops were filled with gas and were dilated. On laparoscopic exploration, the portal vein was located at the anterior edge of the duodenum. On exploring the gallbladder, it was found that the gallbladder was poorly developed and had the shape of a cord. Based on the above findings, postoperative diagnoses of congenital biliary atresia and PD-PV were established.

After surgical treatment combined with drug therapy and other comprehensive treatments, the child's symptoms were gradually relieved and then she was discharged.

(3) Format: There are 2 figures.

Thank you for your valuable comment. Due to the device and other reasons, the images with the highest number of pixels have been provided in this article.

(4) References: A total of 22 references are cited, including no references published in the last 3 years.

Response: Thank you for your thoughtful suggestion. We have added 4 new referenced publications in the last 3 to 4 years to the revised version of our manuscript.

(5) Self-cited references: There are no self-cited references.

Response: Thank you for your valuable comment. We have not published any such reports earlier..

Issues raised:

(1) The "Author Contributions" section is missing. Please provide the author contributions

Response: Thank you for your thoughtful suggestion. We have added the Author Contributions section in the revised version.

(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).

Response:: Thank you for your thoughtful suggestion. We have provided the approved grant application form and have uploaded the approved grant application form and the funding agency copy of the approval document.

(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.

Response: Thank you for your thoughtful suggestion. We have uploaded the figures using PowerPoint (see the attachment for details).

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- (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.

Response: Thank you for your thoughtful suggestions. All English references cited in the text include a MID or DOI, but Chinese references do not provide this information.

- (5) The "Case Presentation" section was not written according to the Guidelines for Manuscript Preparation. Please re-write the "Case Presentation" section, and add the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text, according to the Guidelines and Requirements for Manuscript Revision.

Response: Thank you for your insightful suggestions. We have re-written the Case Presentation section and have added the "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" sections to the main text.